

THE AMA NEWS

published by The AMERICAN MEDICAL ASSOCIATION

March 9, 1959

The Newspaper of American Medicine

Capsules of the NEWS...

Penicillin: The federal government is considering a national ban on treating cows with penicillin because a residue of the drug sometimes is found in milk. Winton B. Rankin, Food and Drug Administration, said penicillin residues were found in 3½% of 1,100 samples of milk tested in Boston, Chicago, and Kansas City areas. Drug is used to treat mastitis in cows' udders.

Tax Reminder: MDs may have to count as income a refund on state taxes if they previously had claimed a deduction for such taxes on their federal return. A physician also should figure as income work done for him in a swap for his services.

Fog and Flu: When fog gripped half of Western Europe recently, hospitals in Britain were crammed with tens of thousands of sufferers from respiratory illnesses and flu, Reuters news agency reported. Scotland reported the worst week for deaths ever recorded—1,146 or 23 per thousand of the population.

Krebiozen: What is the story behind this disputed cancer drug? See *The AMA News* special report on page 9. For a story on the latest statistics on cancer, see story page 8.

Insurance: The New York State Senate has passed a bill that would permit doctors and other self-employed residents to buy group life insurance through their professional societies.

Health Insurance: Can an individual collect under more than one health-insurance policy for the same set of hospital and physician bills? A ruling by the Supreme Court of South Carolina suggests you can.

Mental Health: Resident patient population of 277 public mental hospitals totaled 545,500 patients at the end of fiscal 1958. That is a decrease of 3,100 patients from the corresponding number at the end of fiscal '57. The decrease of 0.6% is in line with similar decreases noted in the previous two years.

Curbs for Ailing: The New York attorney general has asked the State Legislature to pass a bill prohibiting physicians, dentists, nurses, and other professional people licensed by the state from practicing if they underwent mental treatment for more than 60 days.

Union's Medical Staff Charges Interference



DR. FLORENCE R. SABIN, Colorado, medical researcher who died in 1953, became the first woman physician to have her statue placed in Statuary Hall of the U. S. Capitol. Pictured at the ceremony are (left to right) Gov. Stephen McNichols of Colorado; Sen. Gordon Allott, Colorado; Mrs. Joy Buba, New York sculptress; Dr. George Fister, AMA trustee, Ogden, Utah. In a telegram President Eisenhower praised Dr. Sabin as a "gallant lady... a credit to mankind."

Fluorescent Technique May Speed Diagnoses

A technique discovered more than 10 years ago and refined in the past four years, is expected to revolutionize the diagnosing of communicable diseases.

The new procedure, as announced recently by Arthur Flemming, Secretary of Health, Education, and Welfare, permits speedy "smear" or slide testing of specimens instead of time-consuming tests on animals.

He said the technique has been successfully field tested and that it could possibly help in wiping out rheumatic disease by allowing an early diagnosis of strep throat.

Fluorescent antibody technique had been discovered by Dr. A. M. Coons and others at Harvard University more than a decade ago.

However, means of putting the technique to routine use in laboratories was perfected in the past four years by Drs. Max Moody and Morris Goldman at the Communicable Disease Center, Atlanta, Ga. It works in this manner:

Antibodies for a specific disease are stained with a fluorescent dye and then dropped onto a slide which has been smeared with material taken from the patient.

If the smear contains a germ for which the antibody is specific, the antibody will immediately attach itself to the germ. When the liquid containing the antibody is washed off

the slide, the antibody-germ pairing will remain and show up under ultraviolet illumination as a greenish fluorescence.

If the germ is not present in the specimen, the antibody will wash off the slide along with the liquid it is contained in.

Flemming said the technique could greatly speed up diagnosis of a wide range of diseases such as rabies, diphtheria, polio, influenza, typhus, Rocky Mountain spotted fever, syphilis, gonorrhea, and toxoplasmosis.

Flu Outbreaks Noted by PHS

A few isolated outbreaks of influenza are beginning to appear in this country, caused by the Type B influenza virus, Public Health Service has reported.

Type B is ordinarily far less severe than the Asian variety which occurred last year, Dr. Leroy E. Burney, surgeon general, said.

Polyvalent flu vaccine is effective in preventing Type B flu as well as other important types. Since immunity does not develop until several weeks after vaccination, and since Type B epidemics usually reach their peak in February or March, PHS is not recommending mass vaccination.

A union-conceived and management-financed medical center, which opened in St. Louis last November 3, is having troubles with its medical staff.

The center is the \$1 million ultra-modern Medical Institute of Local 88, Amalgamated Meat Cutters and Butcher Workmen of North America (AFL-CIO). The mural-lined, colorfully decorated Institute was opened with much pomp and ceremony and amid union claims it is one of the most carefully planned of its kind in the country.

Yet, less than three months after opening, the chief of the medical staff, Dr. Cyril Costello, had been dismissed. Two other leading members of the Institute staff resigned. Dr. Costello charged interference by the union leader in "matters having to do with the quality of medical care."

St. Louis Surgeon: Dr. Costello, who played a key role in setting up the medical facilities at the Institute, is a St. Louis surgeon, a member of the staff of Labor Health Institute, and former medical director of City Hospital.

He was selected as medical chief by Nicholas M. Blassie, president of the St. Louis meatcutters union, whose aggressive medical-health program—paid entirely by management—has financed the Institute's construction and operation. Blassie, who signs the center's health certificates as Col. Nicholas M. Blassie, is director of the Institute.

Blassie, who planned the dinner commemorating the formal dedication of the Institute on the eve of his birthday, has a flair for flashy string ties and elaborate office furnishings. He operates as director from a luxurious office. A gold crucifix adorns the wall in front of his desk, behind him is a decorative piece of brass metal work joining a butcher's cleaver, saw and knife adorned with a branding iron. To his right is a small bust of Blassie sitting on a marble pedestal.

Hailed by Blassie: Union shops, which employ 2,200 of the union's 3,500 members, contribute \$29.70 monthly per employee to a health and welfare fund, from which money is drawn to support the Institute, its staff

(See Union, Page 2)

**AMA's Board
of Trustees
Who They Are,
What They Do**

Stories on Page 12

Union's Medical Staff Charges Interference

(Continued from Page 1)

and medical services, as well as a projected rest camp for union members. However, total number of persons served by the Institute is 7,500, which includes dependents.

The medical staff selected by Dr. Costello was hailed by Blassie at the Institute's dedication as the "finest in the nation."

Thirty days later there were rumors in medical circles that the physicians and Blassie were at odds.

On January 12 it leaked out that Dr. Costello had "resigned." The medical chief denied this. Blassie refused to comment. Both declined to discuss reported differences with newspapermen.

Letter from Societies: Early in February the simmering trouble popped into the open. A letter was mailed under joint sponsorship of the St. Louis and St. Louis County medical societies.

While the letter made no direct reference to Local 88's Medical Institute, it spelled out the societies' principles of medical ethics.

One section of the letter stated that "the councils are not opposed to patients financing medical care individually or through third parties, whichever they prefer, but sincerely believe that interference or dictation to medical decisions and policy can lead only to deterioration in the quality of medical care. This would not be in the best public interest and for this reason the St. Louis and St. Louis County medical societies are opposed to such maneuvers whenever and wherever they might appear."

"This was strong language and was undertaken," said Dr. Robert Bassett, president, St. Louis Medical Society, "after members of the medical staff of Local 88 Institute appealed for intervention in this dispute."

Charges by Staff: The societies were informed that the medical staff had threatened to resign. The dispute involved an alleged salary matter with Dr. Costello and complaints of interference in medical matters from Blassie.

The president of the Professional Association of Local 88's Medical Staff in a letter to Dr. Bassett charged:

1—Blassie had relieved Dr. Costello as medical chief of staff "without a hearing and without consultation with any member of the medical staff."

2—Participating physicians were working "without contracts or any formal agreement," such as procedure for arbitration of a dispute such as had already taken place.

It further was charged that dismissal of Dr. Costello had caused "great dissatisfaction" within the staff and that the events leading to this dismissal should be "impartially reviewed."

Blassie wrote Dr. Bassett assuring him he had no intention to interfere "with the proper practice of medicine as set forth by your organization."

Interference Charged: At the same time the letter from the two medical groups appeared in the newspapers, Dr. Costello charged that the dispute with Blassie was the result of the union leader's "interference in strictly professional matters having to do with the quality of medical care and doctor-patient relationship."

Dr. Costello flatly denied he had resigned, saying "the first I knew I had resigned was when Mr. Blassie

handed me a letter and said: 'Your resignation is accepted.'"

Dr. Costello said this action took place after he had refused to fire Dr. Paul Miles, an ophthalmologist on the Local 88 Institute staff, because this physician had declined to hire an optometrist whose appointment was sought by the union leader. (Dr. Miles resigned Dec. 30.)

Blassie's only comment on this was: "No optometrist has been hired."

Reporter Denied: At the same time it was disclosed that Dr. Costello had demanded and received a hearing before a board of trustees which administers the welfare fund operating the Institute. Two employer members, two union representatives, and a public member comprise this joint board.

Blassie calls the board, "My bosses." But it is a known fact that Blassie has been the dominant voice.

Dr. Costello said he asked for the privilege of having a court reporter attend the hearing to take notes. "However, this was denied," he said. "The board, which is dominated by Blassie turned me down."

When contacted by an *AMA News* correspondent, Blassie said, "I'm under instructions from the trustees to make no comment other than this entire dispute involves money."

Appeal Denied: After Dr. Costello was notified the board had decided to uphold Blassie's action, the physician appealed to the chairman of the board—who was absent from the hearing—to permit an impartial arbitrator to decide the issues. This request was denied.

What now?

Said Dr. Costello: "I'm going to continue to cooperate with the medical staff to work out any solution which will protect this program from any willful or accidental interference or destruction."

It was pointed out that Local 88's Institute offers many services declared desirable by patients and the medical profession, including modified free choice of physician.

As the fund was set up originally, the union member or dependent could have limited medical services performed by an outside physician and such physician would be paid by the fund. The fund not only pays for union members, but for spouses and children under 18.

Agreement Wanted: So far as the St. Louis and St. Louis County medical societies now are concerned, Dr. Bassett said: "We want definite agreements covering the working relationships between medical staffs and the Institute management which observe the code of ethics of professional conduct, and guides for third-party medicine as formulated by the AMA."

"Secondly, we want safeguards which will protect the patient, including a provision that in the event of disagreements not more than two medical staff members resign at one time in order to preserve continuity of patient care."

Dr. Bassett said he will suggest the appointment of an advisory committee consisting of the deans of the medical schools St. Louis and Washington universities and a third member. This committee would review the contracts now being drafted jointly by the Institute and the professional staff.

Meantime, every effort is being made in St. Louis to save the Institute.

New Mask Cuts Bacteria

Drs. Joseph C. Kiser and Claude R. Hitchcock of Minneapolis General Hospital have developed a comfortable plastic surgical mask which significantly reduces the number of bacteria expelled into the operating room.

The exhaled air from the nose and mouth is directed against a specially designed, highly absorbent filter insert and then passes out backwards from the mask's wings.

The filter insert is placed within a special chamber at the beginning of the operation and is discarded when the mask is removed. The masks may be used again after they have been sterilized.



SURGICAL MASK is modeled by Dr. Joseph Kiser, one of the co-designers. He shows air chamber feature and disposable filter insert.

COMPARATIVE BACTERIOLOGIC STUDIES (Pour plates incubated for 24 hours)

POUR PLATES HELD 12 INCHES FROM FACE, MOUTH BREATHING 5 MINUTES & ONE COUGH.		COLONIES PER POUR PLATE					AVERAGE COLONIES	
		1	2	3	4	5		
TEST								
A. NO MASK		300+	300+	300+	300+	300+		300+
B. GAUZE MASK SINGLE		121	184	153	104	161		145
C. GAUZE MASK DOUBLE		34	68	41	29	46		43
D. PLASTIC MASK M.S.H. TYPE		2	0	0	3	1		1.2
E. POUR PLATE HELD 6 INCHES FROM POSTERIOR VENT FOR 5 MINUTES.		4	7	9	6	3		5.8

2.6 grams moisture collected in absorbent insert.

INITIAL COLONY COUNT - 4.5
AFTER 3 HOURS - 5.0 average

EFFECTIVENESS OF NEW MASK is shown in this chart. The new product should markedly reduce the number of infections in surgical wounds.

Hospitalized Children Program Would Aid Hit by New Viruses Medical Education

Surgeon General Leroy E. Burney of the Public Health Service has announced that a newly recognized group of respiratory agents, known as the hemadsorption viruses, apparently were responsible for more acute respiratory disease among hospitalized children and infants than influenza last year.

Other government officials said a vaccine was being developed as protection against the highly contagious strains.

Medical schools, which now are eligible for U.S. grants to help build research facilities, would be offered help in building teaching facilities under an aid-to-education program now being pushed in Congress by the Eisenhower administration.

Under the plan—more modest than several Democratic proposals—the U.S. would distribute \$25 million a year for 20 years among institutions of higher education.

The federal grant could not exceed 25% of the cost of the loan.

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Scanning the News

Tax Agreements: Seven states have signed up with the federal tax collector to trade information about income tax returns—Kansas, Colorado, Kentucky, Minnesota, Montana, North Carolina, and Wisconsin. In other states, there must be a formal request through the governor's office for a specific taxpayer's return before tax authorities can look into federal files.

Convictions: Federal court convictions of druggists or drug stores charged with illegal sales of prescription drugs were down 28.2% in 1958 as compared with 1957. There were 120 convictions in 1958—167 in 1957.

United Funds: The National Foundation recently made its position clear on united fund drives for health and research causes. NF said it does not oppose United Funds, as such, but does oppose a United Fund or similar organization trying to force all agencies into its one-time drive.

Psychiatric: The new \$1 million psychiatric unit at Chicago's Presbyterian-St. Luke's Hospital will have soothing music piped into the rooms to help disturbed patients. Dr. Alfred P. Solomon, a senior psychiatrist, said research would be done to learn if certain tones or certain types of music are beneficial to patients.

Sterilization: The government of India has decided to provide surgical facilities in state-owned hospitals as a means of controlling population growth. Health Minister D. P. Karmakar said it has been decided to provide operations for all who desire to restrict the size of their families. At first, facilities will be available only for sterilization of males.

Radioactive: A booklet to help save the physician's time in explaining the workings of radioisotopes has been prepared by Abbott Laboratories. MDs may obtain the booklet, *So You're Going to Take a Radioactive Drug*, by writing: Abbott Professional Services, North Chicago, Ill.

Drunken Drivers: Drunkenness caused more than 70% of the sudden deaths on Monmouth County (New Jersey) highways in 1958, according to Dr. Julius A. Toren, the county physician. He urged more drastic punishment in handling drunken drivers.

Soviet Drug Stores: John H. Caldwell, managing editor of *Sales Management*, who recently visited Moscow, described Russian drug stores thusly: "If you are 45 years old, you will recall what a drug store looked like in your grandfather's day. That's a fair picture of the drug store in Moscow today."

Plastic Leg: The U.S. Navy has developed an artificial plastic leg that can be worn while swimming. The device, so far adaptable to below the knee amputations only, is waterproof.

Pharmacists: While only 6.7% of all registered pharmacists today are women, 12.1% of the students in pharmacy schools are women, according to the American Assn. of Colleges of Pharmacy.



Historical Marker

The first successful caesarean operation in the U. S. is commemorated on a highway marker north of Point Pleasant, W. Va. It marks the site of the grave and home of Dr. Jesse Bennett, who performed the operation on his wife in 1794.

Campaign Urged Against Cancer's Four Horsemen

A slap in the face may be needed to arouse "cancer consciousness" in the public and in the medical profession.

Dr. Louis M. Orr, president-elect of the AMA, suggested such a slap in the form of a vigorous program of education designed to slay what he calls the Four Horsemen of Cancer.

Speaking before an area medical meeting of the American Cancer Society at Atlanta, Ga., Dr. Orr defined the Four Horsemen as:

Ignorance—No longer signifying a total lack of knowledge about cancer. Ignorance now befuddles people and gives rise to two of the other horsemen, Fear and Quackery.

Fear—It leads to half-truths and secrecy, keeps many people from consulting a doctor about symptoms.

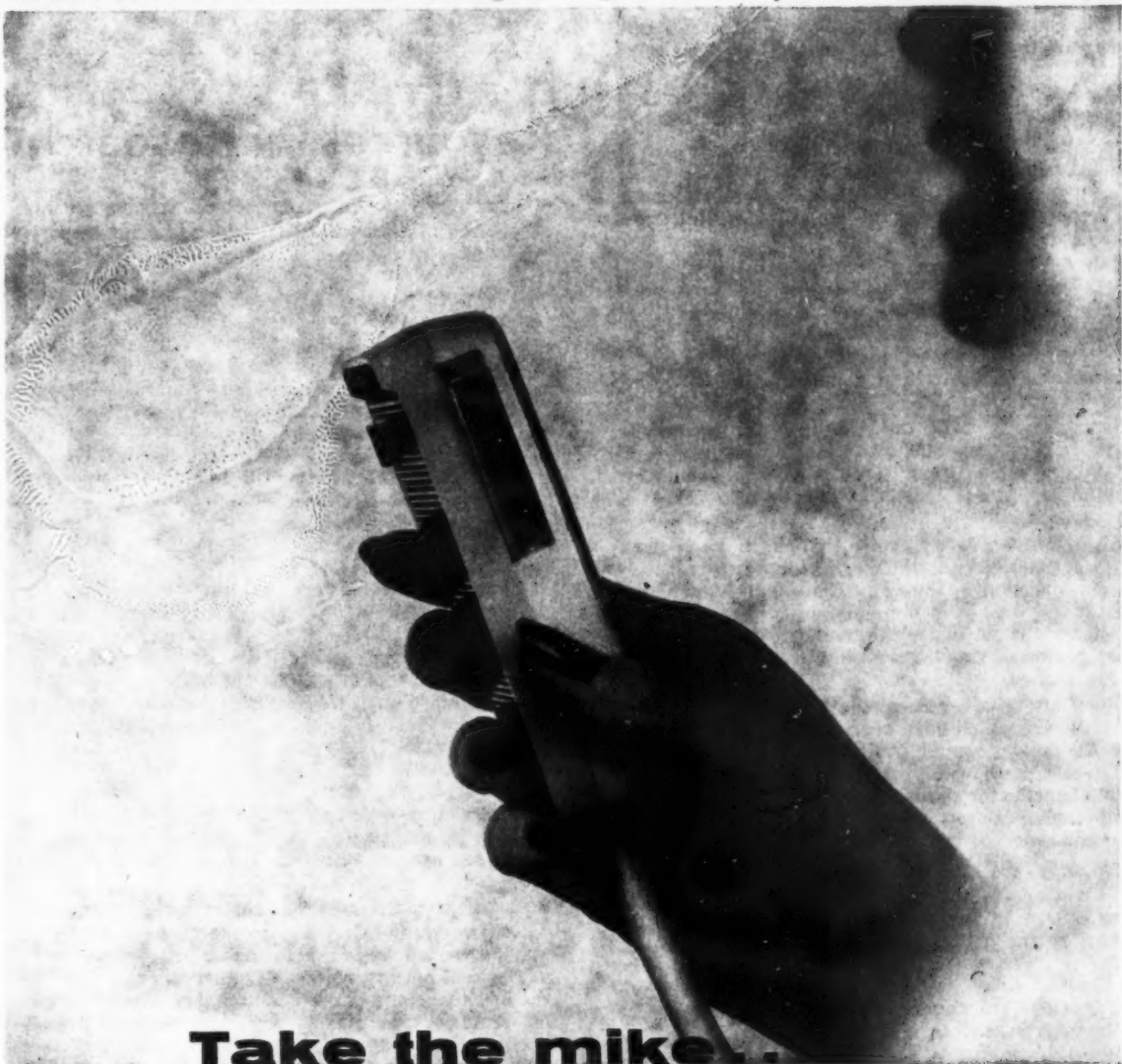
Quackery—This villain leads his ignorant and frightened victims to waste precious time, promising anything in return for money.

Apathy—Allied with indifference and unconcern, Apathy assists a disease such as cancer because medicine can do little for the uninterested patient.

Dr. Orr stressed the need for new techniques—surprise, humor, embarrassment, disgust—in an education campaign against cancer.

The physician's role in such a program is especially important, Dr. Orr said, because "doctors can step in, advise, counsel, guide and assist in areas of personal life forbidden to strangers."

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THE AMA NEWS

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Editorial Viewpoint

A Call for Cooperation

The American Medical Association has called for a united front among hospitals, voluntary prepayment plans, private health insurance, and medicine in a crusade to work for a positive health program for older citizens and to fight political proposals for compulsory health insurance in any form.

In calling for cooperation, intelligent long-range planning, and courageous leadership in the health field, the AMA urged the American Hospital Assn. to reconsider its August 20 statement, which the AMA said "confuses and alarms medicine."

In its statement last August, the American Hospital Assn. took a position which in essence placed the AHA in support of legislation providing for government purchase of health care for the beneficiaries of the social security program.

The AMA's policy is clear. It opposes national compulsory health insurance in any form because it believes voluntary enterprise can do the job.

The American Hospital Assn. has essentially taken the position that certain government proposals are acceptable, suggesting the utilization of Blue Cross as the fiscal agent.

The AMA believes it is immaterial whether a private agency, such as Blue Cross, becomes the fiscal agency on behalf of the government under such a program. In any event, the federal government would have to control the expenditures made, and these expenditures would have to be derived from increased social security taxes.

Some may ask why the AMA did not oppose the Medicare program which also uses intermediary fiscal agents like Blue Cross. True, the fiscal agent for hospital care is the same, but the impact of the two proposals is entirely different.

OASDI covers now almost the entire population. The beneficiaries under Medicare compose a relatively small proportion of the population—only dependents of service men. And secondly, practically all these dependents come under the Medicare program for a short period of time—only while the breadwinner is in the service.

Many of the amendments to Title II of the Social Security Act which have been introduced in the past few Congresses would utilize the Federal Old Age, Survivors and Disability Insurance System to purchase health benefits for eligible beneficiaries. This program would include close surveillance by the Social Security Administration of hospital care and medical practice.

Physicians see little difference between these political proposals and the old Wagner-Murray-Dingell bills, except in initial services covered and in the portion of the population affected at the start.

Doctors and hospitals must work together. The need for a team approach always has been clear, and the list of examples of cooperation between the two groups is endless.

The AMA is alarmed at the prospect of the cleavage between hospitals and physicians which will be inevitable should their policies on this issue be in basic conflict. These differences must be resolved before an open breach at the grass roots level develops.

Violence and Disease

This nation's campaign against disease in the past two decades has been so successful that Americans today stand almost as much chance of dying from some form of violence as from illness. Health News Institute says this doesn't mean that violence is increasing; rather, disease is on the wane.

Figures compiled by the World Health Organization in Geneva show that accidents, poisonings, violence, and suicide in the more advanced western countries of the world take almost as many lives as all the diseases put together.

In this country, for example, the accidents and violence category in 1956 accounted for more than 71 deaths per 100,000, whereas the mortality from illness was actually a shade lower, excepting only senility and causes unknown.

Seven League Boots



As Others See It

Resources for Research

The Lancet, London, England

Those who visit American medical schools are impressed by the amount of money at their disposal for medical research. . . . All avenues into medical research are wide open, and there are splendid facilities even at the student stage. Hospital consultant staffs are far larger than ours (in Britain); and at every grade each member is expected to contribute actively to the development of ideas in medicine. . . .

When new scientific approaches originate in Britain they may be elaborated all too slowly by "one man and a boy" working in cramped space with makeshift equipment, whereas in the U.S. large teams at once get to work on every promising idea.

Consequently we have depended on the U.S. for the development of new antibiotics; and to the U.S., too, must go full credit for most of the progress in protection against poliomyelitis.

Fundamental biological and physiological science in the U.S. is closely integrated with clinical research, and extensive laboratories are available not only to the basic medical scientists but also to clinicians for studying problems arising out of human disease.

By contrast, medical research in this country is undergoing relative attrition despite an expanding economy. . . . There is no surgical animal research laboratory in any English university—though one is now nearing completion. There have been no new teaching hospitals in this country since the 1939-45 war; so even the application of the new methods developed here or elsewhere is frustrated or difficult.

Careers in basic medical science have become unattractive in salary and prospects compared to the glamour of consultant medicine—once achieved. . . .

The real gravity of our situation is underlined by the fact that some of our research directors and medical professors, as well as promising younger investigators, are leaving this country to work on the other side of the Atlantic, where they find that, in their laboratory and investigative work, they are given encouragement, lavish support, and almost unlimited opportunity. . . .

We may claim that, because of the very restriction of opportunities, there is more concentrated selection of ability in British medicine. . . . Our professional leaders are in fact very highly selected, but if the scientific training of our young men continues to be discouraged our leaders will be selected from a dwindling field of applicants. . . .

Our Commonwealth links no longer depend on the strength of our military force, but on our scientific, cultural, and commercial leadership. Supported by the basic disciplines of physiology, biochemistry, and microbiology, which in turn utilize techniques of physics and chemistry, medical science is a part of general science. Progress in one science inevitably impinges on all associated branches. . . .

We have no lack of talent, but without more financial encouragement, more laboratories, and more facilities for research, we shall lose our best workers, and gradually the standards of medicine even at a practical level will decline.

Letters

... As Readers See It

A Useful Field

Various medical news sheets which have been published during the last few years by pharmaceutical houses have had a considerable popularity and I am sure in the main have served a useful purpose.

It is, therefore, with considerable satisfaction that I have noted the entrance of the American Medical Association itself into this useful field of passing on informally information of interest and value to the medical profession.

It would be also a step ahead if the AMA or the U.S. Public Health Service could sponsor more of the medical educational films and television sessions that have proved so interesting and instructive.

The pioneering of much of this by pharmaceutical houses and other private business organizations has been a commendable example for organized medicine to follow.

PAUL DUDLEY WHITE, MD.

Boston, Mass.

Magazines Abroad

Referring to the letter in *The AMA News* from Dr. B. Crowhurst Archer of Durban, South Africa, regarding his difficulty in obtaining single copies of American medical publications, the problem may easily be solved.

A central agent, either a bookseller or local medical society, should collect all orders from writers, teachers and book dealers all over South Africa. Orders would be placed from one address and received and distributed from the one address.

I'm a doctor's wife and an avid reader of *The AMA News*.

MRS. HENRY SPIRA

Birmingham, Ala.

I enclose the address of Magazines for Friendship, Inc. (Occidental College, Los Angeles 41, Calif.). Special arrangements have been made for reduced postage rates. It might be good to send for its literature in full, which gives rates per APO from New York City and Los Angeles for magazines. I have been sending individual numbers of my medical journals to addresses which Magazines for Friendship sent me.

RUTH S. STELLE, MD.

Albany, N.Y.

The question posed can be solved if you will give full publicity to the enclosed brochure on Magazines for Friendship.

I have been sending medical literature to several physicians and medical students in India, Malaya, Burma, and Indonesia.

RAYMOND MUNDT, MD.

Fort Bayard, N.M.

(Editor's Note: See story on Magazines for Friendship, page 6.)

Hospital Report

I was pleased to read the reactions of the AMA to the article in *Look* magazine, "A Report on Hospitals."

Since *The AMA News* is read mostly by doctors, the lay public does not get the benefit of our corrective criticism.

I would like to make a suggestion that would be a strong answer to such harmful articles. Could *The AMA News* print an insert suitable for the physician to post on the bulletin board in his waiting room? An eye-catching headline followed by our reply as stated in *The AMA News*, might be very effective.

S. J. KOHLE, MD.

Valley Stream, N.Y.

(Editor's Note: Many physicians clip articles from *The AMA News* for their waiting room bulletin boards, others place a copy of the publication in their waiting room, and some physicians call to the attention of their local newspaper articles which would be of interest to the public.)

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New Machines Outpace Medicine

The engineer and the physicist are creating new machines faster than the doctor can keep up with the potential health hazards.

This creates a major occupational health problem, according to Dr. John D. Porterfield, deputy surgeon general, U.S. Public Health Service. His remarks were in a paper prepared for AMA's 19th annual Congress on Industrial Health.

"Much more needs to be done in the design of over-all conditions of work, including environment, tools, machines, and methods, to assure that the stresses imposed on the worker do not exceed his capacity to deal effectively with them," Dr. Porterfield said.

New Products: "So many new products and by-products have resulted from the industrial use of chemistry, engineering, and physics that many are in common uses before their dangerous qualities are recognized or understood," he added.

AMA's Council on Industrial Health, meeting prior to the Congress, recommended rules and procedures for immunization programs in industry. The statement has been submitted to the AMA Board of Trustees for adoption.

Other topics discussed by the Council included executive health examinations, multiphasic screening, and mobile examination units.

The Council also agreed to offer its services to educational groups in formulating rules for the safe handling of chemicals by high school students.

Dr. H. Glenn Gardiner, was elected chairman of the Joint Conference with Chairmen of State Medical Society Committees on Industrial Health. He is medical director of Inland Steel Co., East Chicago, Ind.

Rehabilitation: Another speaker at the Congress said the rehabilitation of 80% of the physically handicapped people can be done and should be done by the general practitioner. He was Dr. Howard A. Rusk, who received President Eisenhower's award for 1958 to a physician for outstanding work in physical rehabilitation.

Dr. Rusk, who is director of the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, said a good program does not require expensive equipment and facilities. A good plumber can build a set of stall bars and parallel bars. The GP can learn the "ground rules" of rehabilitation by reading medical literature.

Two-thirds of the hemiplegics should be cared for by the general practitioner," Dr. Rusk said. "The quadruplegics can only be treated in the centers."

A complete list of rehabilitation centers is available from the Office of Vocational Rehabilitation, Washington, D.C., Dr. Rusk pointed out.

City Checks Health, Employment of Aged

A city-wide check to determine the employment, health, nutritional, and housing needs of its older people is in progress at Paterson, N. J.

Results of the survey will be announced at the Governor's Conference on Aging, April 16, at Trenton, N. J. The survey is being made by the Division of Aging of the New Jersey State Department of Health.



TELEVISION PRODUCER Howard Whitman (left) interviews Dr. James Sterner, Rochester, N.Y., medical director of the Eastman Kodak Company and member of the Council on Industrial Health. A special program series entitled "Your Health and Your Job" was presented to Cincinnati area viewers by the Upjohn Company in cooperation with the AMA during the recent Congress on Industrial Health.

Auto Safety Prescriptions

Here are the prescriptions of a group of experts on how to cut down death, injury, and property damage on the nation's highways:

- Improve law enforcement, both by the police and by the courts.
- Tighten up issuance of licenses and registrations.
- Increase educational efforts and accident prevention. Stop insulting all drivers.
- Continue efforts to build safety into cars. Manufacturers should try to sell such features as rear window wipers and defrosters.
- Stop exulting over statistical drops in auto deaths. These are no indication of traffic safety, representing only .4% of auto accidents. Medical advances are responsible for much of this drop in auto fatalities.
- Research the problem of emotions and accidents. Studies indicate that

the aggressive, unstable, nonconforming, and antisocial person is likely to cause highway accidents.

These challenges were set forth in a discussion of highway safety sponsored by the Cleveland Academy of Medicine. Legislators, judges and prosecutors, and insurance men were in the audience along with scores of doctors.

Included on the panel were:

Paul H. Blaisdell, traffic safety chief of the Assn. of Casualty and Surety Companies, New York; E. R. Dye, expert on seat belts; Toy Haeusler, Chrysler Corp. safety engineer; Dr. Robert H. Ebert, professor of medicine at Western Reserve University; Dr. Samuel R. Gerger, Cuyahoga County coroner; Lt. E. E. Smith, Ohio Highway Patrol; Judge Thomas J. Parrino, Cleveland traffic court; William Billings, Cleveland Safety Council.

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Legislative Front

Following are more bills introduced in health fields, or of interest to medicine. It should be remembered that only a relatively few bills ever reach the stage of hearings. S. designates a Senate bill, H.R. a House bill. For copies of the bills, write your representative or senator.

Extend Air Pollution Control Act. H.R. 2347, by Lipscomb (R. Calif.). To Interstate and Foreign Commerce Committee.

The objective is to extend for five more years, beyond the scheduled expiration date of June 30, 1960, the present program under which the U.S. is authorized to spend \$5 million a year to stimulate air pollution control work at state and local levels.

Restrict Treaty Authorities. H. J. Res. 110 & 79, (H.J. Res. 110 by Bow R., Ohio.) H.J. Res. 79 by Hiestand (R., Calif.). To Judiciary.

In various ways, these bills would prevent the United States from interfering with states' rights in health and other matters through enactment of a treaty or other international agreement. The Bricker resolution, before Congress for many years but never enacted, would have had the same effect.

International Medical Research. H. J. Res. 129, by Fogarty (D., R.I.). To Interstate and Foreign Commerce.

Rep. Fogarty is proposing that the U.S. become more active in international medical research, as would a similar bill introduced in the Senate. This measure would give financial support to hospitals and laboratories in foreign countries, support research abroad in rehabilitation, attempt to coordinate U.S. with other medical research, maintain research fellowships within the National Institutes of Health for U.S. and foreign research workers, sponsor surveys of disability and major diseases endemic in various parts of the world, and facilitate worldwide communication among medical and biological scientists.

Housing, Including Mortgage Guarantees for Nursing Homes. H.R. 2357, by Rains (D., Ala.). To Banking and Currency.

This is the omnibus housing bill that has been reported out by a House subcommittee. Of particular medical interest is provision for the guarantee of nursing home mortgages by the Federal Housing Administration. Unlike the bill that has passed the Senate, this would give the state Hill-Burton authorities final veto power over an application, if they decided a nursing home was not needed in the community.

Require Seat Belts to Meet Certain Safety Standards. S. 291, by Humphrey (D., Minn.). To Interstate and Foreign Commerce Committee.

The goal is to achieve federal standards for seat belts used in motor vehicles where the belts are sold or shipped in interstate commerce. The Secretary of Commerce would be assigned to draw up the standards. Violators of the regulations would be subject to a fine of \$1,000 or one year in prison or both.

Establish the Health Service Study Commission. S.J. Res. 43, by Javits (R., N.Y.) and others. To Senate Labor and Public Welfare Committee.

Another study group would be set up for a one-year survey of the health service needs of the U.S. population, including existing programs, need for

extended health insurance and effect expanded insurance would have on adequacy of present number of health personnel and facilities. There would be 15 men on the commission.

Set Up a National Institute of Geriatrics. H.R. 3301, by Green (D., Ore.). To House Interstate and Foreign Commerce.

Numerous proposals have been made for adding institutes to the National Institutes of Health. They now number seven. The proposed institute would have broad authority to foster research in geriatrics, to make grants to universities, hospitals and others, and to establish fellowships.

Here Are Key Senate Groups

Following are Senate committees that handle legislation of importance to medicine. Please save this list for future reference.

Appropriations Committee: Democrats—Carl Hayden, Ariz., chairman; Richard B. Russell, Ga.; Dennis Chavez, N.M.; Allen J. Ellender, La.; Lister Hill, Ala.; John L. McClellan, Ark.; A. Willis Robertson, Va.; Warren G. Magnuson, Wash.; Spessard L. Holland, Fla.; John Stennis, Miss.; Lyndon B. Johnson, Tex.; John O. Pastore, R.I.; Estes Kefauver, Tenn.; A. S. Mike Monroney, Okla.; Alan Bible, Nev.; Robert C. Byrd, W.Va.; Thomas J. Dodd, Conn.; Gale W. McGee, Wyo.; Republicans—Strom Thurmond, S.C.; Everett S. Saylor, Mass.; Milton R. Young, N.D.; Karl E. Mundt, S.D.; Margaret Chase Smith, Me.; Henry Dworshak, Idaho; Thomas H. Kuchel, Calif.; Roman L. Hruska, Neb.; Gordon Allott, Colo.

Banking and Currency Committee: Democrats—A. Willis Robertson, Va., chairman; John Sparkman, Ala.; J. Allen Frear Jr., Del.; Paul H. Douglas, Ill.; Joseph S. Clark, Penn.; William Proxmire, Wis.; Robert C. Byrd, W.Va.; Harrison A. Williams Jr., N.J.; Edmund S. Muskie, Me.; Republicans—Homer E. Capehart, Ind.; Wallace F. Bennett, Utah; Prescott Bush, Conn.; J. Glenn Beall, Md.; Jacob K. Javits, N.Y.

Finance Committee: Democrats—Harry Flood Byrd, Va., chairman; Robert S. Kerr, Okla.; J. Allen Frear Jr., Del.; Russell B. Long, La.; George A. Smathers, Fla.; Clinton P. Anderson, N.M.; Paul H. Douglas, Ill.; Albert Gore, Tenn.; Herman E. Talmadge, Ga.; Eugene J. McCarthy, Minn.; Vance Hartke, Ind.; Republicans—John J. Williams, Del.; Frank Carlson, Kan.; Wallace F. Bennett, Utah; John Marshall Butler, Md.; Norris Cotton, N.H.; Carl T. Curtis, Neb.

Labor and Public Welfare: Democrats—Lister Hill, Ala., chairman; James E. Murray, Mdnt.; John F. Kennedy, Mass.; Pat McNamara, Mich.; Wayne Morse, Ore.; Ralph Yarborough, Tex.; Joseph S. Clark, Penn.; Jennings Randolph, W.Va.; Harrison A. Williams Jr., N.J.; Republicans—Barry Goldwater, Ariz.; John Sherman Cooper, Ken.; Everett McKinley Dirksen, Ill.; Clifford P. Case, N.J.; Jacob K. Javits, N.Y.; Winston L. Prouty, Vt.

Medical Research Bill Supported

Dr. Gunnar Gundersen, president of AMA, has offered AMA's "full support and assistance" to a Senate bill which provides for the establishment of a National Advisory Council for International Medical Research and a National Institute for International Medical Research.

Called the International Health and Medical Research Act of 1959 (S.J. Res. 41), the proposal introduced by Sen. Lister Hill (D., Ala.) is the first strictly medical bill to have a full-dress hearing in the new Congress.

During the four-day hearing before Hill's Labor and Public Welfare Committee, some 15 medical and health organization leaders backed the proposal. It is designed to help mobilize U.S. and foreign medical researchers for an assault on health problems through international cooperation in research, research training, and research planning.

Support and Assistance: The bill would authorize \$50 million annually for the new agency which would be the eighth institute at the National Institutes of Health.

Testifying before the committee on Feb. 25, Dr. Gundersen said that in accord with AMA's policy to promote world understanding, the AMA "offers its full support and assistance in the establishment of the National Advisory Council for International Research and the National Institute for International Medical Research."

Points Outlined: At the same time, he suggested that the committee consider the following points:

- The World Medical Association be included with the World Health Organization, the Pan American Sanitary Bureau, and the United Nations International Children's Fund as one of the cooperating international groups.

- The secretary of Health, Education, and Welfare rely heavily on the surgeon general in making appointments because of the professional character of the council.

- Due care be taken in supporting researchers in foreign countries because of possible salary differentials.

- Some qualifications or limitations be placed on grants for the improvement of physician facilities because the program "should be one of research and not a research construction program."

- All proposed projects be scrutinized carefully because of the vast amount of research now being done.



CONFIRMED BY SENATE for another two years as Navy Surgeon General is Rear Adm. Bartholomew W. Hogan. He has commanded Naval hospitals at Bethesda, Md., and Mare Island, Calif.

Many Physicians Send Publications Abroad

Many physicians are sending copies of American medical publications to doctors in foreign lands.

The program is a part of a nationwide effort known as Magazines for Friendship, designed to foster international understanding and goodwill.

Magazines for Friendship has been tested extensively since 1947 when Professor Albert Croissant of Occidental College began urging Americans to send their good magazines to key foreigners.

Complete information on the program including mailing stickers and postal rates may be obtained by writing to Magazines for Friendship, Occidental College, Los Angeles, Calif.

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Labor Threats Stir Physicians

What must the medical profession do in the face of charges by labor leaders that voluntary insurance and prepayment plans are not providing the health care needs of their members at reasonable costs?

To answer this question, AMA's Committee on Insurance and Prepayment Plans held a regional meeting recently in Pittsburgh, to which medical societies from Pennsylvania, New York, New Jersey, West Virginia, Ohio, Kentucky, Michigan, Indiana, and Illinois sent representatives.

The principal views expressed by the 100 physicians and medical society executives at the meeting were:

- Blue Shield and other insurance and prepayment plans must be continually broadened and modernized.

- Medical societies must seek continually to improve the medical care provided by their members and discipline those individuals whose actions harm the profession.

- The medical profession must maintain a continual awareness of the

Coming Next Issue

An expanded article on the effect of union health care plans on the medical profession will be presented in the next issue of *The AMA News*.

changing problems in health care as a result of scientific advances or socioeconomic changes and develop means of solving them.

Union Warnings: The weekend meeting was held in the "lion's den," since Pittsburgh is the stronghold of the steelworkers whose president, David J. MacDonald, has declared:

"Present organizations underwriting the hospitalization and medical care provision of our insurance programs are failing to meet the health care needs of members at reasonable cost."

Both MacDonald and Walter Reuther, United Auto Workers president, have warned they would adopt the United Mine Workers' or "Permanent" pattern of closed hospitals and panel medical staffs if their demands for substantially expanded benefits are not provided.

Despite the urgency of the union threats, it was brought out by representatives at the meeting that health care is a community-wide problem and that the real solution lay in meeting the needs of all people.

Union hospitals may help the membership, they said, but it could spell doom for existing medical facilities which have been rendering good service to the community as a whole.

Profession Unaware: Generally, the representatives felt that the acuteness of the union threats was not sufficiently realized by the profession.

Dr. Joseph C. McCarthy, Omaha, Neb., chairman of the Council on Medical Service, warned that "demands being made by some unions today may soon filter down to the rest of the physicians in the country."

In summing up the meeting, Dr. Carlton E. Wertz, Buffalo, N.Y., chairman of the Committee on Insurance and Prepayment Plans, said:

"We are facing up to the problem and it can be met with progressive leadership."

He said the next Regional Conference is tentatively scheduled to be held in San Francisco, April 25-26.

The committee is working toward a "National Congress on Prepaid Health Insurance" which was authorized by the House of Delegates.



Forand's Bill Back in House

Only slightly changed from two years ago, the proposal of Rep. Aime Forand (D., R.I.) for hospital care and surgical services for old age and survivors insurance beneficiaries is back in Congress bearing a new number, H.R. 4700.

Rep. Forand hopes for early hearings but no indication of when they will be held has come from Chairman Mills of the House Ways and Means Committee.

The bill again provides for 60 days of hospitalization, or 120 days of nursing home care, and surgical services. In the latter connection, the new measure has been written so as to permit such services to be performed by other than board-certified surgeons.

Rep. Forand in a statement placed in *The Congressional Record* said there were some among the bill's strongest backers who question the feasibility of including surgical benefits at this time.

To finance the benefits, he would increase social security taxes above those already authorized, by one-fourth of one percent for both employee and employer and three-eighths of one percent for the self-employed. These new taxes would start in 1960.

Rep. Forand said the American Medical Association "has acknowledged the need for vigorous action along new lines and has urged its member societies to explore and support private programs that will help to avoid federal legislation."

The AMA opposes the bill and is advocating and working on alternative programs, including stepped up coverage of the aged under voluntary health insurance and support of mortgage loan guarantees to help build more nursing homes.

Blue Shield Board Elects Union Official

The Blue Shield plan in Connecticut has elected a union official to its board of directors for the first time in its 10-year history.

He is Joseph V. Cronin, former mayor of Hartford, Conn., and presently a district business manager for the International Association of Machinists, AFL-CIO.

His election came amidst demands by union leaders that Connecticut Medical Service and Blue Cross grant labor a voice on their boards of directors. Bills requiring such representation are now before the State Legislature.

Spring Travel

Southland and Paris

Physicians who plan an early spring vacation may want to consider a leisurely tour through the Southland, or for a more extended trip—Paris in Spring.

Admirers of graceful plantations, antebellum architecture, and colorful gardens will want to take the annual Natchez (Miss.) Pilgrimage which will be held through April 1.

Visitors to Natchez during pilgrimage time may inspect 30 homes with their grand staircases, spacious rooms and distinctive colonnades, and filled with antiques, paintings, old glass, and dolls.

And in Columbus, Holly Springs, Port Gibson, and Vicksburg there will be open houses, tours, pageants, and more gardens for visitors to see.

Miles of Beaches: Along the Gulf Coast there are miles of silver beaches, exciting fishing for tarpon or bonito, and plenty of scenery subject matter for photographers.

Within an hour's ride of Gulfport the fresh water fisherman can travel to a different stream every morning for a month to try his luck for bass, crappie, and perch.

In Biloxi, visitors may see shrimp and oyster boats, anchored snugly in the harbor where Spanish galleons once dropped anchor.

For complete information write: Miss Hospitality, Mississippi Travel Dept., Jackson, Miss.

Also during March visitors to the South can travel the famous exotic floral festival known as the "Azalea Trail," which winds for 35 miles through the heart of Mobile, Alabama. There's good fishing in Alabama in the spring, too.

For free folders write: Bureau of Information, State Capitol, Montgomery, Ala.

Unlocked Gateways: New Orleans' Spring Fiesta, April 5-18, is the only time of the year when that city opens its homes to strangers. Visitors will be able to enter the usually locked gateways to entrancing patios and courtyards of the Vieux Carre or Old Quarter where they will be greeted by hostesses in antebellum costumes who will tell them historic and amusing vignettes of French and Spanish life.

The air is heavy with the perfume of magnolias, night blooming jasmine, mimosa and the incomparable sweet olive. Wandering musicians and singers go from house to house with old songs and street cries of another day. There will be carriages and trolleybuses, gay groups of costumed people, side-

walk cafes, show boat parties, a tour of country estates, and a grand ball.

Write: Chamber of Commerce, New Orleans, La., or Louisiana Service Manager, Dept. of Highways, Box 4245 Capitol Station, Baton Rouge, La.

Floral Spectacular: Travelers to France this spring will have a chance to see a Paris spectacular. From April 25 to May 3, the newly completed Palais de la Defense, largest exhibition hall in the world, will welcome International Floralia 1959—largest collection of plants and flowers ever assembled in one place.

It is open to tourists as well as to professional horticulturists. There will be displays from all over the world, the two largest being from the United States and Russia.

The hall, which covers about 14 city blocks, will be surrounded by 200,000 prize hyacinths and tulips sent from Holland. One exhibit will trace the history of the rose from antiquity to the present day.

Special tours from the U.S. are being organized by William H. Muller Travel Corp. and Jean Berke Travel Agency, both of New York City. Write French Government Tourist Office, 610 Fifth Ave., New York 20.

Youth Fitness Week

President Eisenhower has proclaimed May 3-9 as National Youth Fitness Week and has called on all Americans to demonstrate the importance of youth fitness to assure the continuing strength and well being of the nation.



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Cancer—New Look At the No. 2 Killer

Although great progress has been made recently in cancer research and treatment, this disease constitutes a "steadily increasing health problem" in this country, Health Information Foundation reported in its monthly statistical bulletin.

Cancer took more than a quarter of a million lives in 1958.

From seventh in 1900, cancer rose to become the second leading cause of death in 1938 and has remained there since. Heart diseases are No. 1, being responsible for more than 54% of all deaths in the U.S.)

Cancer is now the leading cause of death among women aged 30-54 and (excluding accidents) among school-age children.

1 Out of 6: In 1900 this disease accounted for less than 5% of the deaths in this country, but by 1958 the comparable figure was 16%, or about one out of every six deaths, the Foundation reports.

Cancer deaths last year were among those mainly in the middle and older years but included some 4,000 children under 15.

Its death rate is now higher among males than females, among nonwhites than whites, and is highest in the northeastern part of the U.S.

HIF pointed out that even though cancer mortality is rising, the prognosis for cancer patients is today much better than it used to be. Many forms of the disease previously incurable can now be treated.

Fifty-nine years ago about 80 persons for each 100,000 of the population died from cancer. This rate climbed steadily early in the century and reached 134 by 1926. After some fluctuation up to 1933, the rate began to rise again, but more slowly. It reached 128 by 1957 but dropped to 125 in 1958. These rates were about 60% higher than in 1900.

Improved Diagnosis: The Foundation said part of this increase is undoubtedly due to improved diagnosis of the disease and to the development of better techniques for case-finding and detection. Thus many deaths perhaps erroneously attributed to other causes are today more correctly attributed to cancer. But part of the increase is probably real.

In 1956 cancer caused eight deaths per 100,000 among infants under one, 11 at ages 1-4, and six at ages 10-14. At older ages the rate rose consistently to a peak of 1,464 per 100,000 at 85 and over.

More than half the cancer deaths

today are of persons aged 65 and over.

HIF pointed out that the distribution of all cancer deaths by primary site has changed greatly since 1930. For example, cancer of the respiratory system has become a more important part of the total picture. It accounted for only 3% of all cancer deaths in 1930, but by 1956 its proportion had risen to 13%.

Respiratory Cases Rise: The respiratory system has become one of the main cancer sites for males. Their mortality rate in 1956 was six times as high as in 1930, while the rate for females doubled in the same period.

In 1930 this site (respiratory system) accounted for 5% of all cancer deaths among males, but by 1956 the proportion was 21%. For females the comparable rise was from 2 to 4%.

Recently a number of large-scale investigations have shown that lung cancer (epidermoid and undifferentiated types of carcinoma of the lung, but not adenocarcinoma) occurs five to 15 times as frequently among cigarette smokers as among nonsmokers, and that there is a direct relationship between the incidence of lung cancer and the amount smoked, the Foundation said.

Recent increases in the death rate from leukemia also have attracted considerable attention. During the pre-school years leukemia accounts for nearly 50% of all cancer deaths.

One Site Declines: Although cancer mortality as a whole has risen, a decline has been recorded for the digestive system as a primary site. This site today accounts for only about one-third of all cancer deaths; in 1930 the comparable figure was about one-half.

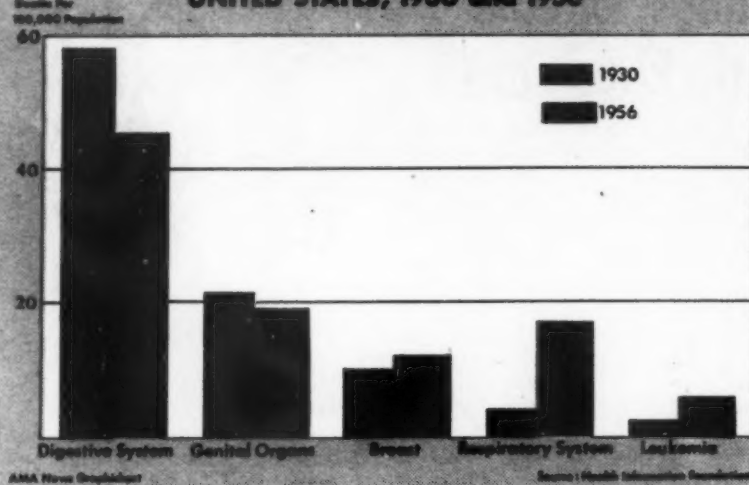
Mortality from cancer of the breast—restricted almost entirely to females—has changed little since 1930.

Mortality from genital cancer rose for males from 10.6 per 100,000 in 1930 to 15.3 in 1956, but the rate for females declined about 25%, from 31.9 to 23.8.

In 1914 (first year these data were available), mortality from cancer among the white population exceeded the rate for nonwhites by 30%. But by 1950 mortality for the two groups was about the same. By 1956 the rate for nonwhites actually exceeded the white rate by one-eighth.

Cancer death rate is highest in the urban and metropolitan areas of the U.S. and in the industrial Northeast and North Central states. It is lowest in the South Central and Mountain states (see chart below.)

MORTALITY FROM CANCER BY SITE
UNITED STATES, 1930 and 1956



450,000 New Cases: This year more than 700,000 Americans will be under medical care for cancer, and about 450,000 new cases will be diagnosed.

A few years ago one cancer patient in four was being "saved"—alive five years after diagnosis. Today the proportion is one in three. Currently, the number thus "saved" is estimated at 150,000 annually.

There are 800,000 Americans alive today who have been "cured" of cancer—free of the disease at least five years after diagnosis, the Foundation report said. And at least an additional 500,000 cancer patients, diagnosed and treated within the last five years, will live to become "cured."

Surgery and radiation, still the only effective methods of cure, are successful only when the cancer cells have remained localized in areas which permit such treatment.

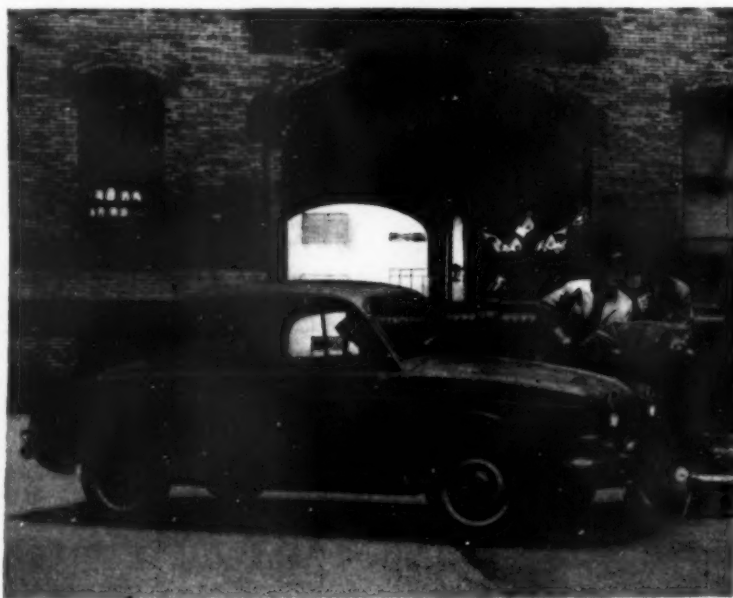
Techniques, Research: These techniques have become immensely more effective than in former years, partly because other scientific and medical advances now permit them to be used more extensively against tumors that were previously considered inoperable or inaccessible to radiation.

One of the most promising fields for research, and one which has expanded greatly in recent years, is chemotherapy. Some therapeutic chemicals already have shown effectiveness in temporarily halting the progress of certain cancers, alleviating pain, and rehabilitating the body to provide greater chance for survival.

These chemicals are now regarded as valuable supplements to surgery and radiation. Moreover, hormones as well as radioactive substances have proved valuable against some forms of malignancy.

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MORTALITY FROM CANCER BY GEOGRAPHIC DIVISION
UNITED STATES, 1950



Krebiozen, Cancer, and the AMA

Physicians, just like anybody else, have wives, children, parents, and other loved ones without whom life would lose much of its meaning and joy.

And members of the doctors' family circle, just like anybody else, fall prey to one of the leading causes of pain, suffering, and death—cancer.

Yet a small but persistently vocal group—advocates of the so-called cancer drug krebiozen—would have the public believe that a "medical conspiracy" led by the American Medical Association has suppressed the drug for almost 8 years.

Clearly, if krebiozen were what its advocates claim, it would be impossible to stop thousands of physicians from using the alleged drug for treating members of their families, friends, or patients and reporting their results if they were favorable.

Contrary to what the pro-krebiozen group claims, the AMA cannot prevent a physician from purchasing or using the alleged drug.

What Is Krebiozen?

In Oct. 1951, the AMA issued "A Status Report on Krebiozen" which stated that a study of 100 cases showed the drug had no beneficial effects in the treatment of cancer.

The cases had come from six cancer clinics. The group that reviewed the cases consisted of: Dr. Dwight E. Clark, University of Chicago; Dr. Peter A. Nelson, Stritch School of Medicine; Dr. P. Shubik, Chicago Medical School; and Dr. James P. Simonds, Northwestern University.

Dr. Andrew C. Ivy of Chicago, chief sponsor of krebiozen, and Dr. Steven Durovic, who purportedly developed the drug in Argentina, claim it is a whitish powder which possesses "palliative potency in the management or treatment of several types of cancer."

They say that krebiozen is extracted with organic solvents from the blood of horses after the animals have been injected with *Actinomyces bovis*. Not much more has been disclosed about the method of preparation because Dr. Durovic and his brother, Marko, claim they want to protect their financial interest in krebiozen.

At the time of a legislative investigation into krebiozen, the Durovics said they needed a return of at least \$1,300,000.

Unfavorable Reports

Following the status report, similar unfavorable reports on krebiozen were presented by the Committee of Cancer Diagnosis and Therapy of the National Research Council and the University of Illinois' Cole Committee.

The AMA has not seen impartial scientific evidence to refute these findings and maintains its position that krebiozen is useless.

Furthermore, the AMA regards krebiozen as a secret remedy because the composition and nature of the drug has not been reported in the traditional scientific manner.

Throughout the controversy, the AMA has neither encouraged nor discouraged clinical studies with the drug. It has, however, been guided by two major responsibilities:

- To protect the public and cancer sufferers from improper claims and quack remedies.

- To see that recognized scientific methods are used to determine whether or not a drug is of any value in the treatment of a certain disease.

- Can a Cancer Drug be suppressed?
- What's the AMA's position?
- Who's holding up a scientific test?

Interest Rekindled

The AMA has not publicly answered charges and claims by the krebiozen backers for several years because it believed that silence on its part eventually would take the steam out of the controversy.

Unfortunately, this has not been the case.

Fanned by Dr. Ivy and a Chicago group known as the Committee for a Fair Test of Krebiozen, there has been a rekindling of interest in the disputed cancer drug.

In Chicago alone, the following events have taken place this year:

- Jan. 31—A newspaper columnist quoted the president of the Fair Test committee as saying that krebiozen has been effective in 70% of terminal cancer patients treated.

- Feb. 7—The same newspaper columnist presented a viewpoint similar to the AMA's after a highly respected cancer expert contacted the writer and told him of the harm his first article would do in raising false hopes.

- Feb. 16—Dr. Ivy announced he had given "Extract One" to 22 dogs blind with cataracts and that 21 regained part or all of their vision. He said he produced the drug and it "may be krebiozen or it may be something akin to it. Or it may be different."

- Feb. 18—Dr. Ivy, in a radio interview, claimed krebiozen now had 50 patients with four to eight year cures.

- Feb. 23—A testimonial dinner was held for Dr. Ivy which was attended by some 1,100 persons. Dr. Ivy appealed for \$350,000, saying that unless funds are raised the supply of krebiozen will be exhausted by summer. Twenty-eight persons who supposedly were helped by krebiozen were gathered for the meeting. Afterward, former film star Gloria Swanson appeared on a local television program and criticized the AMA, American Cancer Society, and the National Cancer Institute for preventing a fair test of krebiozen.

Propaganda Battle

Most scientists who are familiar with the krebiozen story agree that advocates of the drug have turned the controversy into a propaganda battle, not a scientific one.

It is not a scientific matter, they say, because krebiozen backers will not submit krebiozen to proper scientific evaluation.

Last year, the American Cancer Society decided against starting an evaluation of krebiozen because Dr. Ivy insisted on being a member of the group to conduct a "double blind" test.

ACS had suggested that a joint committee be formed and that five physicians experienced in the treatment of cancer and three laymen named by ACS and Dr. Ivy's group study the drug.

In Dr. Ivy's double blind test, a code, known only to a mutually trusted individual, would be used to mark ampules. Some of the ampules would contain krebiozen and mineral oil and some mineral oil alone.

Certain cancer patients would be given the contents of the ampules by Dr. Ivy. Later, Dr. Ivy would attempt to pick out the patients whom he believes received krebiozen. Dr. Ivy's selection then would be checked against the code.

Test Turned Down

These are the reasons why ACS turned down the double blind test:

- It does not provide for a trial to be conducted by an independent group of clinical investigators recognized as being objective and competent by the scientific community.

- It does not permit an opportunity to find out whether physicians generally can obtain the same results, since it provides for the use of the drug by the proponents only.

- It does not provide clear-cut standards of measuring either the results desired or defining the results which might be obtained.

"On a pure guesswork basis," said Mefford R. Runyon, executive vice president of ACS, "he (Dr. Ivy) would have a 50-50 chance of being right."

Runyon added that this procedure "would have only further confounded an already thoroughly confused situation and misled thousands of patients suffering from the disease."

Another Impasse

As reported in the Feb. 23 issue of *The AMA News*, Dr. Ivy backed out of proposed evaluation of the drug with the National Cancer Institute. The procedure had called for a committee of scientists, acceptable to both sides, to evaluate evidence presented by Dr. Ivy and then advise whether an effective clinical trial, including a double blind test, should be carried out.

NCI still hopes an evaluation agreement can be arranged, but it appears that this will be another of the many "impasses" for the disputed drug.

As one observer of the krebiozen controversy noted:

"The krebiozen backers don't have to prove anything to keep going. They merely need to keep the drug at a controversial stage."

Dr. Ivy says he insists on a double blind test because he is the only one with enough experience to administer krebiozen and also because it would be impossible to find an impartial group of doctors to conduct a test of krebiozen.

At the same time, he claims that other physicians using krebiozen under his direction have reported success with the drug.

These questions then come to mind: Why couldn't Dr. Ivy set up specific directions to be followed by a committee of selected doctors when they give the test? Would any group of physicians—knowing full well the need for a cancer drug—report negatively on a cancer remedy if it were effective?

It seems probable that Dr. Ivy could set up the test; and it is ridiculous to believe that a group of physicians,

who naturally would be under the national spotlight while testing krebiozen, would give a false report.

Attacks on AMA

Several books and hundreds of newspaper and magazine articles have been written on the krebiozen story, which is more fantastic, mysterious, and dramatic than a Hollywood thriller. Pro-krebiozen writers have made vicious attacks on the AMA.

In all this material, there are certain facts which hold a big question mark over the validity of krebiozen and the motives of its discoverer. Briefly, they are:

- Dr. Durovic originally came to the U.S. in 1949 from Argentina to market an antihypertensive drug known as "kositerin." It reportedly was a whitish powder extracted from the blood of cattle and effective in 98% of the 600 Argentines treated. Northwestern University scientists found the drug useless in treating hypertension.

- Dr. Durovic then came up with another drug, again a whitish powder, to be used in treating cancer. He called it krebiozen and convinced Dr. Ivy of its effectiveness.

- The two grams of krebiozen allegedly brought up by Dr. Durovic from South America were dissolved in 200,000 ampules of mineral oil before chemical analysis could be made. A pro-krebiozen writer said Dr. Ivy almost quit Dr. Durovic at this point.

- A Joint Commission of the Illinois General Assembly, after a long inquiry, found the University of Illinois, AMA, and Chicago Medical Society were not guilty of any conspiracy against the krebiozen group.

- Application was made to the Food and Drug Administration for a license to manufacture and sell krebiozen in 1954. Application was returned with the advice that the drug is a horse serum and should be considered by the Biologic Division, Public Health Service. No application has been made to the PHS agency, which requires proof of therapeutic value.

- In 1958, Surgeon General Leroy E. Burney said krebiozen would be accepted for screening under the cancer chemotherapy program at NCI. Krebiozen has not been supplied to NCI.

On krebiozen's side is Dr. Ivy, without whose name and prestige krebiozen would have long been forgotten. To many of his former colleagues, Dr. Ivy's actions have been a complete puzzle.

The krebiozen group can also present cases of alleged cancer cures as a result of treatment with krebiozen.

However, it is well known that researchers have been misled by cancer patients, or patients believed to be suffering from cancer, who suddenly and mysteriously improve or stave off the final, crushing blow of the disease for a period of time.

Hope for Test

The status report pointed out that one cannot judge a treatment of cancer by the way a patient feels. A patient can have less pain, a better appetite, clear speech and movement, and still die in the normal course of cancer.

The AMA hopes Dr. Ivy will agree to a truly scientific evaluation of the drug so that the controversy can be stilled forever.

From 1774 to 1959

Doctors Take Part in Congress

Three hundred and sixty-two physicians have served in the U.S. Congress from 1774 to 1959.

At least 14 of the MDs also were state or territorial governors, and three states selected doctors from this group as their first governors.

Five physicians signed the Declaration of Independence.

These and other interesting facts about physicians in Congress appeared in a recent *Congressional Record* as the extension of remarks by Rep. Ivor D. Fenton, Pennsylvania, one of the six MDs serving in the 86th Congress.

Object of Report: The article, Physicians in Congress, was prepared by Jaroslav Nemec, librarian of the American Medical Association's Washington office.

"If the report does nothing else it will document the point we have been making for years," said Rep. Fenton. "There is nothing new, unusual, or improper in doctors taking an active part in the national government; they have been doing so from the very beginning of the republic."

States that were members of the original thirteen colonies have sent the most physicians to Congress. Leading the list is Pennsylvania with 52—two are in the present Congress. Next are New York with 48, New Jersey with 30. Ohio, although coming into the Union later, has sent 26 doctors to Washington. Other totals include: Virginia 18, Georgia 17, Maryland 16, New Hampshire 14, Massachusetts 13, Kentucky 12, North Carolina 11, and Missouri 10.

Puerto Rico's present resident commissioner, Dr. A. Fernos-Isern, also



PHYSICIANS WHO SIGNED Declaration of Independence were (left to right) Drs. Wolcott, Thornton, Bartlett, Rush, and Hall.

is a physician. He is a non-voting member of the House.

Alaska, newest of the 49, kept up the tradition of doctors in politics by sending Ernest Gruening, MD, to the Senate. He also is a former Alaskan governor.

Dr. Josiah Bartlett, a New Hampshire delegate to the Continental Congress, was the second person to sign the Declaration of Independence. He also was a signer of the Articles of Confederation, a judge, member of the Constitutional Convention, and governor of New Hampshire.

In Every Congress: Other physicians who signed the Declaration were Drs. Lyman Hall, Benjamin Rush, Matthew Thornton, and Oliver Wolcott. All except Dr. Wolcott were in active practice at the time.

In the critical years of 1783-84, eleven doctors were in the young Congresses that struggled to keep the states united.

"It is a tribute to the versatility of the profession that in the 181 years since 1775, physicians have sat in every Congress," Nemec wrote.

A total of 167 physicians were Democrats, 69 Republicans. There is no record of party affiliation for 32, and party labels were not attached to the 27 who sat in the Continental

Congress between 1775 and 1788. Other MDs in Congress were members of other parties, including Whigs, Federalists, Jacksonian Democrats, and American Party.

Three hundred and twenty-five served in the House, 37 in the Senate.

During Civil War: During the troubled years from 1810 to 1849—the War of 1812, the struggle for expansion, the Mexican War, the early political skirmishes over slavery—there were at least eight and usually 12 to 18 doctors in Congress.

In the following few sessions—the years leading up to the Civil War—the medical profession also was well represented in Congress. During the war many MDs were with the armies, but between five and seven usually were seated in Washington.

While 362 doctors have reached the U.S. Congress, hundreds of other physicians have served their communities and states as sheriffs, judges, state legislators, state and national committeemen, members of boards of education, and as city and state officials. Thirty-three physicians now are serving in state legislatures.

PR for MDs

For years the only information appearing on a physician's bill was the notation, "For Professional Services," and the total sum owed.

But today doctors realize that patients expect to receive statements with a break-down of services provided.

The doctor who wants to put himself in the patient's place need only imagine how he would feel if he received a bill from a medical supply house which states only: "For supplies received . . . \$150." The MD wants to know what he bought and when. So does the patient.

Itemized bills help patients understand the value of the services received. Consequently they are more likely to accept them as fair charges.

Home Care Program Approved by Group

A home care program for long-term patients which will release hospital beds and be less expensive for the chronically ill has been approved by the Mahoning County, Ohio, Medical Society.

It will be worked out in cooperation with Youngstown hospitals, the family physician, visiting nurses, other nurses, and the families. Patients will be able to return to the hospital when the occasion warrants.

This program has proved workable in a few other cities. The Youngstown committee will be modeled on the plan at Montefiore Hospital in New York.

Stating It Briefly

Rehabilitation Aid: Lancaster County, Neb., Medical Society has pledged its assistance to Lincoln's new Rehabilitation Center, Inc. Society, center's trustees have approved 12 physicians to serve on center's medical policy committee.

First Mayor: Dr. J. H. Thornbury is the first mayor of the newly incorporated West Virginia city of Belle.

New Editor: Dr. Perry R. Ayres, Columbus internist, is the new editor of *Ohio State Medical Journal*, succeeding Dr. Jonathan Forman, resigned.

In Appreciation: Grateful patients and friends surprised Dr. John A. Bishop, general practitioner at Jeffersontown, Ky., for 23 years, with a testimonial dinner and a check for \$2,300. The money is to furnish a waiting room in Dr. Bishop's new office.

Con Game: Cincinnati Academy of Medicine warned members a group of forgers is working on doctors' bank accounts. First step is a call to MD's office, with caller identifying himself as a representative of a voluntary health agency, asking where physician does his banking.

Benefit Dance: Women's Auxiliary to Medical Society of Milwaukee County, Wis., sponsored a benefit dinner dance with money going to American Medical Education Fund.

Georgia Gift: More than 160 physicians give about 10,000 hours each year to serve patients at 16 Georgia

Heart clinics, reports Georgia Heart Assn.

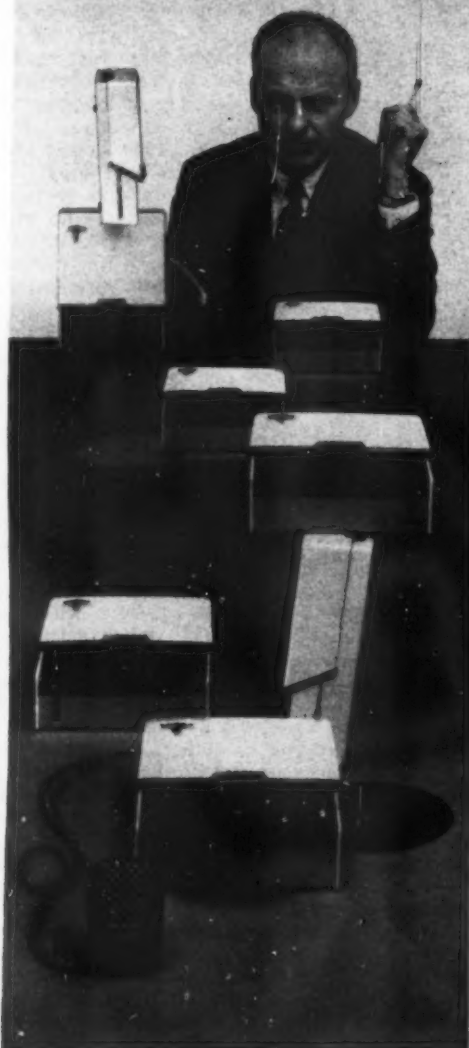
Life Members: Dade County, Fla., Medical Assn. honored Drs. M. Jay Flipse, W. T. Lanier, and Gerard Raap by giving them life memberships. Each has belonged to DCMA more than 35 years.

Grant to Journal: The Wyeth Fund for Postgraduate Medical Education granted \$5,000 to *New York Medicine*, official journal of the Medical Society of the County of New York. It will finance transcripts of clinical conferences and symposia.

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Medicolegal

Rh Precautions Listed for MDs

What are the medicolegal responsibilities of the obstetrician to anticipate Rh blood complications in a pregnancy?

Although recognition of the Rh problem in childbirth is relatively recent, medicolegal experts say the obstetrician should know the "standard" procedures whereby the possibility of an Rh complication can be anticipated.

If the physician fails to take these precautions, they point out, he may be held liable if it can be shown that injury resulted to the infant because of his negligence.

The AMA Law Division reports there have been cases of this type, although there have been no appeals court decisions.

Screening of Cases: From a medical viewpoint, screening of possible Rh-incompatible matings among maternity cases involves the following:

- Obtaining a complete obstetric and transfusion history, including abortions and possible intramuscular injections of blood.

- Performing tests for Rh factor at the first visit of all prenatal patients.

- Consulting a competent Rh testing serologist for repeat examination, including Rh-Hr subgroups and A, B, O typing, if the patient is Rh negative. If previous findings are confirmed, the husband's and children's blood should be tested to determine the husband's genotype.

On discovering an Rh-incompatible mating, proper medical procedure calls for the physician to collaborate on the case with a specialist or specialists who have had adequate experience in hematology, serology, and in making exchange blood transfusions.

Sometimes the patient may express confidence in the physician and say a specialist is not necessary, but the physician is advised not to regard this as the basis for not calling in a specialist.

Hospital Facilities: If medical facilities are inadequate in the physician's community, the patient should be advised of the need to go to a properly equipped hospital.

In this instance, the hospital should have adequate laboratory facilities, including a blood bank with at least three pints of Type O Rh-negative blood on hand, or suitable donors present, for immediate replacement of blood volume of either the mother or the infant.

Laboratory tests on cord blood are regularly done on newborns of Rh-incompatible matings since these aid in early diagnosis of erythroblastosis.

If there are complications from an Rh-negative mating which raise the question of terminating the pregnancy, adequate x-ray study of the fetus in utero is generally done to ascertain the presence of a live fetus as well as to determine the maturity of the baby for probable survival.

Tax Stamp Bill Dies

South Dakota's controversial skull and crossbones cigarette bill has been killed by legislative action. The measure—which would have put on each cigarette tax stamp a skull and crossbones design and a warning that South Dakota does not recommend use of cigarettes—died in the House after slipping through the Senate by two votes.

Cancer, Income Link Studied

Specific forms of cancer may be associated with socioeconomic status, according to a study of 10 metropolitan areas by the National Cancer Institute of the Public Health Service.

The study shows a relatively high incidence rate for cancer of the upper alimentary tract, pancreas, respiratory system, and uterine cervix among the lowest one-third income group in each community.

NCI said further evaluation will be needed to try to discover factors responsible for the apparent variations in cancer incidence in different population groups.

The study is reported in a monograph, *Morbidity from Cancer in the United States*, PHS Publication No. 590. It is available from Government Printing Office, Washington 25, D.C., at \$1 a copy.

MDs, Lawyers To Meet

A medicolegal meeting will be held in Washington, D.C., March 20-21, to discuss narcotic addiction, traumatic neurosis, *Res Ipsa Loquitur* in liability cases, impartial medical testimony, and cross-examination of the witness.

Sponsored by AMA's Law Division, the meeting will be held at the District of Columbia Medical Society. Some 350 doctors and lawyers from Maryland, Virginia, Delaware, West Virginia, New Jersey, Pennsylvania, New York, North Carolina, Connecticut, and Massachusetts are expected to attend the meeting.

The need for the medicolegal meeting was explained in this manner by C. Joseph Stetler, director of AMA's Law Division:

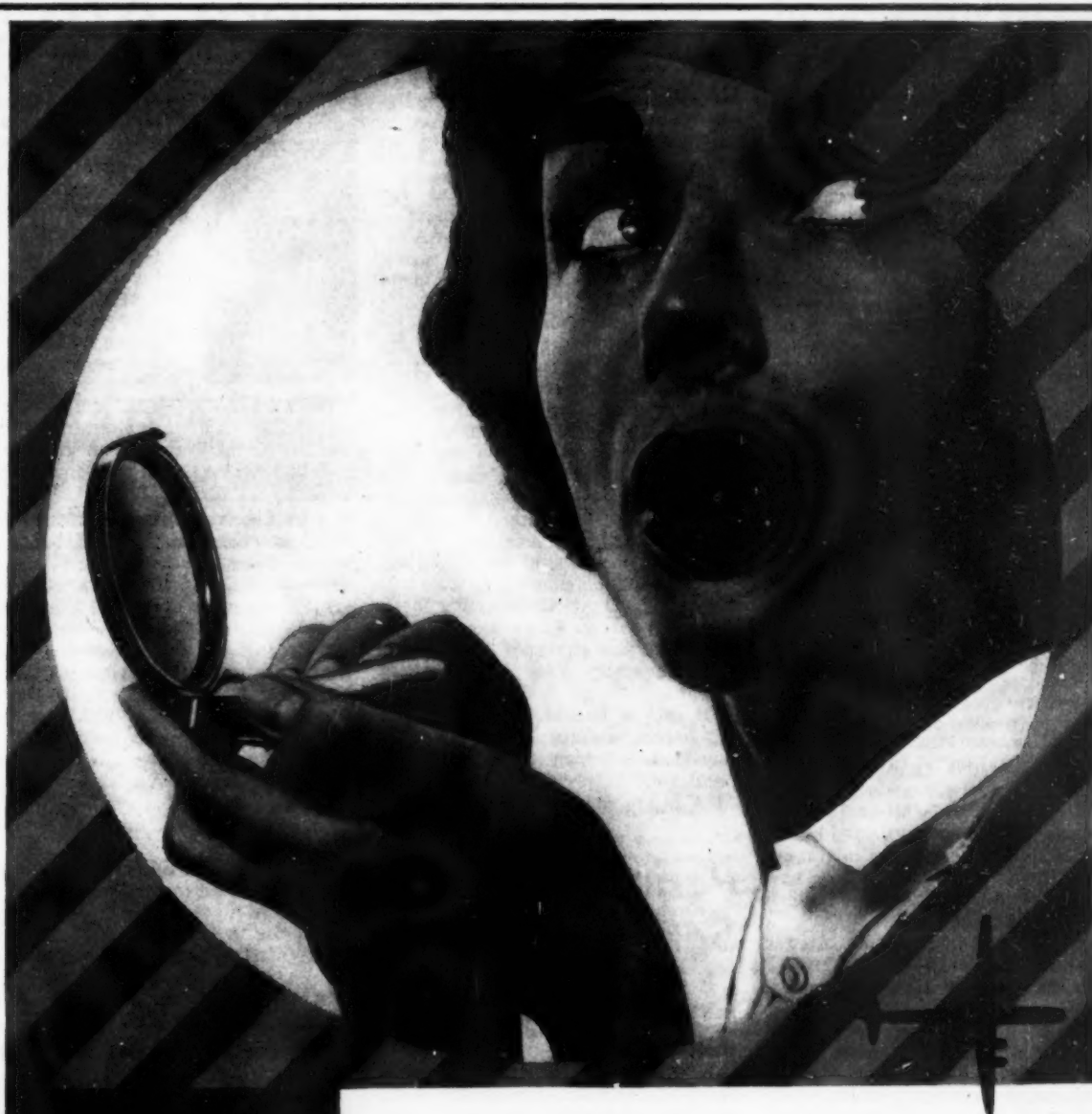
"As never before, the professions of law and medicine are working to-

gether to solve a number of mutual problems.

"It has been estimated that from 65 to 80 per cent of all cases brought to trial require medical testimony. In addition, 7 out of 10 personal injury cases are decided on medical rather than legal considerations."

The Washington medicolegal meeting is the first of three such conferences to be held this year. The remaining meetings will be in Cleveland, April 3-4, and in Salt Lake City, April 17-18.

Registration fee for each conference will be \$5 to cover the cost of luncheon and a copy of the proceedings. Advance registrations should be mailed to: Law Division, American Medical Association, 535 N. Dearborn, Chicago 10, Ill.



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HUSBAND: "That so?"

WIFE: "And the same for each of the children."

HUSBAND: "Sounds good, but what about..."

WIFE: "And we can see lots of cities over there — free!"

HUSBAND: "Mmmmm..."

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AMA Board Performs A Myriad of Duties

The AMA's Board of Trustees—historically speaking—may be likened to a person of humble birth who later makes good in a big way.

It was not until 1882—35 years after the formation of AMA—that the House of Delegates approved the appointment of a Board of Trustees consisting of nine physicians who were elected to three-year terms.

The first trustees' duties were limited to arranging a plan for a medical publication to be called *Journal of the American Medical Association*, selecting an editor, and reporting annually on the financial condition of the proposed journal.

At that time, the pursestrings of the AMA were held by the Judicial Council.

Present Duties: Today, the Board performs a myriad of financial and organizational functions and shoulders great responsibilities.

Board membership also has increased. In addition to the nine trustees, who now are normally elected to five-year terms, the AMA president and annually-elected president-elect also serve on the Board.

Actions of the Board as a group and of individual Board members serving on liaison committees with other organizations have great impact on the medical profession, allied organizations, and the general public.

For example, during the February meeting, the Board engaged in the following activities:

- Met with Surgeon General Leroy E. Burney, Secretary of Health, Education, and Welfare Arthur Flemming, and his special assistant on health matters, Dr. Aims C. McGuinness.

- Discussed a current reappraisal of the AMA's nine scientific journals which seeks to make the publications more effective.

- Appointed Dr. Edward L. Turner to the newly created position of director of the Division of Scientific Activities.

- Gave tentative approval to a recently completed research project on a National Emergency Medical Service Plan which had been requested by the Federal Civil Defense Administration.

- Approved formation of a new Committee on Hypnosis of the Council on Mental Health.

- Set up a Committee on Atomic Medicine and Ionizing Radiation to study the effects of atom-age developments.

- Adopted a motion to ask the American Hospital Assn. for a list of trustees of hospitals for the purpose of informing them of problems physicians would encounter from Forand-type bills.

Liaison Work: Various members of the Board serve on the governing bodies or important committees of other organizations. Among these are the Joint Commission on Accreditation of Hospitals, Joint Commission for the Improvement of the Care of the Patient, World Medical Association, and U.S. Chamber of Commerce.

In the health insurance field, two trustees and a past president of AMA serve on the Board of Trustees of Blue Shield. AMA Board members also meet periodically with representatives of the health insurance industry.

As a part of maintaining good medical-pharmaceutical relationships, Board members hold meetings with representatives of the Pharmaceutical

Manufacturers Assn., American Pharmaceutical Assn., and National Assn. of Retail Druggists.

The Board also maintains liaison with medical schools and university presidents directly, or through the Council on Medical Education and Hospitals.

Presently, Board members have planned a series of meetings with related paramedical groups.

Financial Responsibilities: The \$2.5 million remodeling of AMA headquarters was approved by the Board, since it has charge of the property and financial affairs of the AMA.

Other financial matters handled by the Board include:

- Recommending dues and assessments, subject to approval by the House, and raising funds in other ways.

- Appropriating funds to defray the expenses of the AMA to carry on its publications, encourage scientific investigations, etc.

- Determining appropriations for each AMA council and department.

- Having the accounts of the AMA audited at least annually and seeing that proper financial reports are made to the House.

Organizational Duties: As part of its organizational duties, the Board appoints AMA's executive vice president, assistant executive vice president, other leading executives, and editors of all AMA publications.

It also arranges general meetings of the scientific assembly and selects the official who shall preside. Choosing the site of the clinical meeting is another Board responsibility.

Regular meetings of the Board are held in September and February and during the annual and clinical meetings. Special meetings also may be called by the chairman. Thus, the group generally meets about six times a year.

Of course, because of the continuing nature of many of the Board's functions, the busy members are in regular contact by phone or mail with AMA headquarters.

Periodical Loan Service Offered

If you wish to consult an article in a medical journal which you cannot borrow locally, the AMA Library is ready to help you.

What is the Periodical Lending Service? Individual issues from a file of about 1,600 different journals covering the past ten years are available for loan.

Who is eligible? Members of the AMA and individuals in the U.S. and Canada who subscribe to its scientific periodicals.

May librarians request loans? Yes, if name and address of eligible borrower is given.

How should requests be made? Since periodicals are not bound, give month or day date, page and author as well as name of journal, volume number, and year.

What are charges? None to members. 15c for each item to subscribers.

How should letters be addressed? Library, AMA, 535 N. Dearborn, Chicago 10, Ill.



TEN MEMBERS OF THE BOARD are (top row, left to right) Drs. Julian P. Price, Hugh H. Hussey, James Z. Appel, George M. Fister, and Raymond M. McKeown; (bottom row, left to right) Drs. Cleon A. Nafe, Rufus B. Robins, W. Linwood Ball, Gunnar Gundersen, and Louis M. Orr. Dr. Leonard W. Larson, pictured below, is chairman.

Here Are the Trustees

The hard-working AMA Board of Trustees is made up of nine trustees and the president and the president-elect of the association.

All sections of the country are represented on the Board which consists of three surgeons, two general practitioners, two urologists, a pathologist, a pediatrician, an internist, and an obstetrician-gynecologist.

Following are the 11 physicians who make up the present Board.

- **Dr. Leonard W. Larson**, Bismarck, N.D., is chairman. He has been a trustee since 1950 and was a delegate to the House from 1939-50. A pathologist, he formerly served as president of the American College of Pathology.

- **Dr. Julian P. Price**, Florence, S.C., is vice chairman. A pediatrician, he is a medical director of the South Carolina Home for Crippled Children. He has been a trustee since 1953.

- **Dr. Hugh H. Hussey**, Washington, D.C., is secretary. An internist, he has been on the Board since 1956. He is dean of Georgetown University School of Medicine.

- **Dr. James Z. Appel**, Lancaster, Pa., was elected to the Board in 1957. Previously he served as a delegate to the House. A surgeon, he is president of the staff of Lancaster General Hospital.

- **Dr. George M. Fister**, Ogden,

Utah, has been on the Board since 1957. He had previously served as a delegate to the House for eight years. A urologist, he is a former president of the Utah State Medical Assn.

- **Dr. Raymond M. McKeown**, Coos Bay, Ore., was elected a trustee in 1957. The Board has appointed him AMA secretary-treasurer. Dr. McKeown specializes in obstetrics and gynecology.

- **Dr. Cleon A. Nafe**, Indianapolis, Ind., also was elected to the Board in 1957. Prior to becoming a trustee, he was a delegate and served on several AMA committees. A surgeon, he is a former president of the Indiana Medical Assn.

- **Dr. Rufus B. Robins**, Camden, Ark., was elected to the Board for one year in 1958 to fill an unexpired term. A general practitioner, he was a delegate to the House for nine years and also served as AMA vice president.

- **Dr. W. Linwood Ball**, Richmond, Va., was appointed to the Board last December to fill the vacancy created by the death of Dr. Warren W. Furey. A general practitioner, he also is AMA vice president.

- **Dr. Gunnar Gundersen**, LaCrosse, Wis., is a member of the Board as AMA president. A former delegate to the House, he became a trustee in 1948 and chairman of the Board in 1955. He is a surgeon.

- **Dr. Louis M. Orr**, Orlando, Fla., is a member of the Board as AMA president-elect. A urologist, he has been vice speaker of the House. He was a founding member of the American Board of Urology in 1936.

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Drug Industry Growing Fast

The drug industry is one of America's fastest growing industries.

Gains in 1958—in sales and on the stock market—were striking. Further gains are likely this year.

Sales climbed from \$300 million before World War II to nearly \$2.5 billion in 1958.

George B. Stone, general manager of J. B. Roerig Co., a division of Charles Pfizer & Co., Inc., told those attending the Pharmaceutical Manufacturers Assn. meeting in Chicago that he predicted sales for the industry of \$2.8 billion by 1965, \$3.8 billion by 1970 and to \$5.2 billion by 1975.

Research Programs: Drug companies also have one of the largest private research programs of any industry. A total of \$170 million was invested in laboratories in 1958 compared with only \$60 million in 1952. This year more than \$190 million will go into research efforts, according to the Pharmaceutical Manufacturers Assn.

Stone said the industry's research program is a costly one in terms of financial results. While hundreds of antibiotics have been discovered and isolated, only six can be said to have real market value.

It also was pointed out at the Chicago meeting that ethical, or prescription, drugs now outsell over-the-counter proprietary products. It was predicted that in the next two decades or so, they may well account for more than 90% of all drug sales.

In 1958, drug research expenditures represented 7% of each sales dollar. The average for industry as a whole is 2%.

Record Gains: Chain Store Age, a trade publication, reported that drug chains had the biggest sales in history. A gain of from 7 to 9% is forecast for this year.

A Boston investment counselor said that a major discovery can have a "powerful" impact on the earnings of a drug company.

The following table, prepared by the *New York Times*, shows the 1958-59 highs and lows and recent closing prices for 10 drug issues. The *Times* noted prices of Pfizer have been adjusted to compensate for a 2½-for-1 split this year and prices of Parke, Davis & Co. have been adjusted for a 3-for-1 split last year:

	low	high	recent closing
Abbott Labs	43%	71%	60%
Merck	36%	83%	72%
Pfizer	49%	111	101
Parke Davis	33	45½	38½
Shering	32%	61%	54%
Amer. Home Products	73	141½	127
Bristol-Myers	53½	79½	70%
Norwich Pharmacal	31	57½	51½
Sterling	29%	54	45½
Vick	45½	97	85%

Predictions

A cancer cure by 1965 was forecast by George B. Stone, general manager of J. B. Roerig Co., a division of Charles Pfizer & Co., Inc., at the recent Pharmaceutical Manufacturers Assn. meeting in Chicago.

Stone also predicted:

- A heart disease drug or series of drugs by 1962.
- An effective vaccine for the common cold by 1962.
- An important break-through in rheumatism and arthritis.
- Major new drugs for mental disease by 1962.

Profile of Typical Practicing Physician

HEIGHT
5 feet 10 inches

WEIGHT
173 pounds

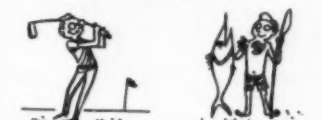
AGE
44 years



Working hours per week . . . 54



Office . . . 34 Hospital and/or clinic . . . 15 House calls . . . 5



Recreation 7 hours per week Vacation 2½ weeks per year

Days lost from practice due to illness in 1957 . . . 0



Illness reported during the past 5 years . . . 1

Last physical examination 18 months ago

Committee on Aging Will Meet in May

Improved health care of the aged will be the subject of a meeting called for May 8-9 at Salt Lake City by the American Medical Association's Committee on Aging.

Representatives of paramedical, non-medical and medical groups will be asked to meet with the committee, a part of AMA's Council on Medical Service.

An exchange of information and developing means of cooperation will be sought at Salt Lake City. The session may be the first of a series of regional meetings.

GROWTH INDUSTRY SHARES, Inc.

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Without obligation please send me a copy of the Prospectus describing your Fund.

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Address _____
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Loans Offered by SBA

The Small Business Administration is often overlooked as a source of funds for small medical facility projects.

Physicians looking for funds to build and equip a new office or to make additions to or renovate an old one may explore the possibility of a loan by contacting the Small Business Administration, Lafayette Building, Washington, D.C., or one of its regional offices.

The table below indicates the amount of money spent on such facilities under sponsorship of SBA as of Dec. 31, 1958:

Type of Facility	No. Projects	Total Cost	S.B.A. Funds
Physicians Offices	32	\$ 872,591	\$ 710,174
Dentists Offices	22	289,800	356,900
Osteopaths Offices	1	11,500	8,625
Chiropractor Offices	3	24,340	24,340
Hospitals	39	5,376,500	4,731,848
Medical Laboratories	5	95,000	57,000
Dental Laboratories	3	106,300	106,300
Sanatoria and Convalescence Homes	92	5,390,771	4,908,436
Health & Allied Services not elsewhere classified	5	76,500	69,300
Total	202	\$12,245,302	\$10,972,923

2 Neuropsychiatric Units Established

Two new neuropsychiatric units have been established in Phoenix, Ariz., as a result of private gifts and matching federal funds.

One is the Barrow Neurological Institute which will be housed in a four-story and basement addition to St. Joseph's Hospital. The other is the Arizona Foundation for Neurology and Psychiatry.

The Barrow institute will specialize in diagnosis and treatment of hospitalized patients with organic disorders of the nervous system, in basic research, and in training of neurologists, neurological surgeons, and research workers.

The Foundation will engage in research and teaching in the field of nervous and psychiatric disorders.

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170 Broadway, New York 38, N.Y.

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Our analysts studied over 500 low-priced stocks before they selected these six for recommendations to our investment service subscribers. These all meet the rigid requirements we have established as a speculative investment with both fast and great profit possibilities. We would like to send you our report on them, with current earnings, recent prices, dividends, etc., by return mail.

One is a famous radio-TV network that has recently closed some remarkable contracts, and even now yields nearly 5% with regular dividends.
Another is a little known chain of stores

that is going great guns, with present dividend a yield of nearly 6%.

Still another is a promising Airline in which shares are available at around \$7.

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- (3) SPECIAL GROWTH STOCKS (Stocks that have special "growth" possibilities)
- (4) BEST BUYS AMONG LOW-PRICED STOCKS (A list of 30 stocks ranging from a dollar up that we think offer real growth and profit possibilities)
- (5) STOCK SWITCH RECOMMENDATIONS (When to get out of stocks bought previously)
- (6) CURRENT BUSINESS OUTLOOK

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All the above comes to you in the next 4 weeks, including the 6 selected stocks mentioned above, for just \$1. And even your dollar will be refunded if you are not delighted with the service. Simply fill out the coupon and send it with a dollar today. Offer open to new trial subscribers only.

Send me the list of 6 Selected Stocks, Stock Service Digest & Bi-Weekly Business Outlook and enter my name as a 30-day Trial Subscriber to your DOW THEORY FORECASTS Investment Service. I enclose \$1 as payment in full.

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Cancer Drug Award Made

(Editor's note: This is the sixth article in a seven part series intended to give physicians useful information and tips in preparing their 1958 income tax return(s).)

Members of a partnership are liable for federal income tax as individuals.

Each member should report his share of partnership income or loss together with other items of income or loss in determining his taxable income.

The partnership itself is an entity not subject to income tax, but it is required to file an information return and report its income.

The partnership, as an entity, rather than each individual partner, has the option in its first taxable year to account for income on a cash or accrual basis.

Medical partnerships usually use the cash basis.

Depreciation deduction is computed by the partnership in arriving at partnership income.

Income: Partners are liable individually for income taxes on their shares of partnership income, in accordance with the partnership agreement. This agreement may provide for different distributive shares of any item of gain, loss, deduction, or credit.

However, any such provision in an agreement will be disregarded if the principal purpose is avoidance or evasion of income tax.

Frequently, medical partnership agreements provide only for the division of professional fees, after payment of expenses, without reference to other items such as capital gains. When no provision is made for particular items, each partner's share will be determined in accordance with his distributive share of ordinary income or loss.

Contribution: No gain or loss is recognized either to the partnership or to any of its partners on a contribution of property to a partnership in exchange for a partnership interest.

This rule applies both in the case of a contribution to a partnership in the process of formation and in the case of a contribution to an operating partnership.

Unless another provision is made in the partnership agreement, items of income, gain, loss, deduction, or credit, with respect to property contributed by a partner, are allocated according to the partners' normal ratio of dividing profits and losses.

Inequity: Failure to anticipate tax consequences in the formation of what might be assumed to be a routine partnership may result in a tax inequity to one of the partners.

This may be avoided by inserting a provision in drafting the original partnership agreement or by preparing an appropriate amendment to an existing partnership agreement.

Salaries: Sometimes a senior physician who takes in a junior physician as a partner will provide him with a guaranteed "salary" in addition to a small partnership interest.

Such salaries are not subject to social security taxes or the withholding provisions that apply to bona fide employees.

However, a partner receiving a guaranteed salary from a partnership

is treated as an outsider and the partnership is allowed a business deduction from such salaries paid.

Sale: A physician who sells his partnership interest at a profit is taxed, generally at capital gain rates rather than the higher rates applicable to ordinary income.

However, a partner who sells his interest in a partnership has ordinary income and not a capital gain to the extent that the sales proceeds for his interest are attributable to the partnership's unrealized receivables (uncollected fees not reported as income).

Retirement: When a partner retires or dies and payments are made by the partnership to the partner or his heirs, the amounts paid may represent several items.

They may include the withdrawing

partner's capital interest in the partnership, his pro rata interest in unrealized receivables, or uncollected fees of the partnership.

Payments in excess of the value of the partner's capital interest in the partnership are ordinary income to a retiring partner or a deceased partner's heirs and are deductible from the partnership income of the remaining partners.

In computing the value of a partner's capital interest his share of the following are not included:

- Goodwill of the partnership, except to the extent that the partnership agreement provides for a payment with respect to goodwill.

(Next issue: Pension and Profit-Sharing Trusts).

PLAN NOW TO ATTEND THE

108th ANNUAL MEETING *OF THE* AMERICAN MEDICAL ASSOCIATION

June 8-12, 1959, Atlantic City, New Jersey

SYMPOSIUM ON HEPATIC DISEASES

"Newer Concepts of Bilirubin Metabolism"
David Schachter, New York City, New York

Hepatic Coma: Its Physiologic and Chemical Basis
S. P. Bessman, Baltimore, Maryland

* I. N. Dubin, Philadelphia, Pennsylvania

Joseph Stokes, Jr., Philadelphia, Pennsylvania

"Radiography in the Diagnosis of Hepatic Disease"
John R. Hodgson, Rochester, Minnesota

Gerald Klatskin, New Haven, Connecticut

PANEL DISCUSSION ON HEPATIC DISEASES

Moderator—Cecil Watson, Minneapolis, Minnesota



Tooth Decay Cut, Survey Indicates

Decay in permanent teeth of six-year-olds has been reduced 74% in Nashville, Tenn., since fluoridation of the water supply was begun in 1953, according to a survey by the Tennessee Health Dept.

Percentages of reductions in cavities were progressively smaller among older children. Other ages and percentages of reductions: 7, 61.8%; 8, 58.9%; 9, 42.5%; 10, 35.6%; 11, 21.1%; 12, 15.6%; 13, 12.8%.

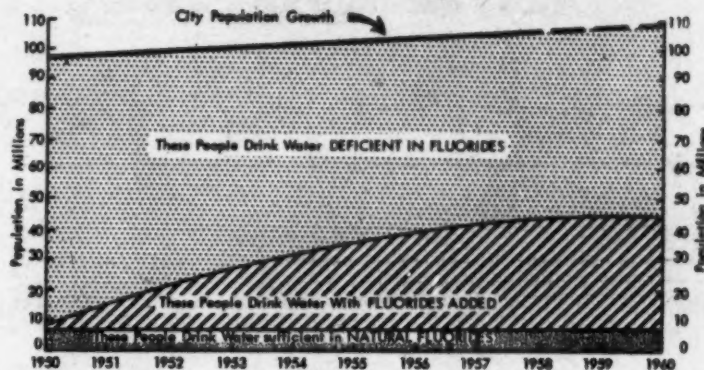
Advice on Adoption

A pamphlet that may be of assistance to prospective foster parents, as well as to the family doctor if he is called upon for advice, has been reissued by the U.S. Children's Bureau. The pamphlet, *When You Adopt a Child*, can be purchased for 15 cents from the Government Printing Office, Washington, D.C.

U.S. Takes Action

Fluoridation Campaign Launched

Fluoridation Lags Behind Urban Growth



DHEW-PHS. Division of Dental Public Health, February 1969

The federal government has embarked on an all-out campaign to sell local communities on the value of fluoridation of water supplies to reduce dental caries.

Secretary Arthur S. Flemming of the Department of Health, Education, and Welfare, launching the effort at a news conference, said enough money is available to HEW to tell the story "that needs telling" without asking Congress for an additional appropriation.

"I have come to the conclusion," he said, "that the problem amounts basically to this—The opponents of fluoridation are a militant minority; the proponents of fluoridation, as is so frequently the case with proponents of new health measures, are an unmilitant majority."

"It seems to me that what is needed is a militant majority for fluoridation."

Asked who were the opponents, the secretary said he couldn't pick out any one group, "because they vary from community to community." He emphasized that he respected the views of "honestly informed people" who, because of principle, opposed fluoridation. But he said that, on the basis of scientific evidence, he could not concur in their conclusions.

He noted that the value of fluoridation "has been proved over and over again," that more communities are adopting the protection, yet that the increase in population means the proportion of people benefiting from "this remarkable health measure" actually is decreasing.

He declared:

"The American Dental Association, the American Medical Assn. and virtually all other scientific and professional organizations having competence in the field have recommended the fluoridation of public water supplies."

Employees Enroll In Russian Classes

Employees at two pharmaceutical companies are studying the Russian language to be able to read Russian scientific literature.

Research personnel and executives of CIBA Pharmaceutical Products Inc., Summit, N.J., and Merck & Co., Rahway, N.J., are enrolled in Russian courses at Union Junior College, Cranford, N.J.

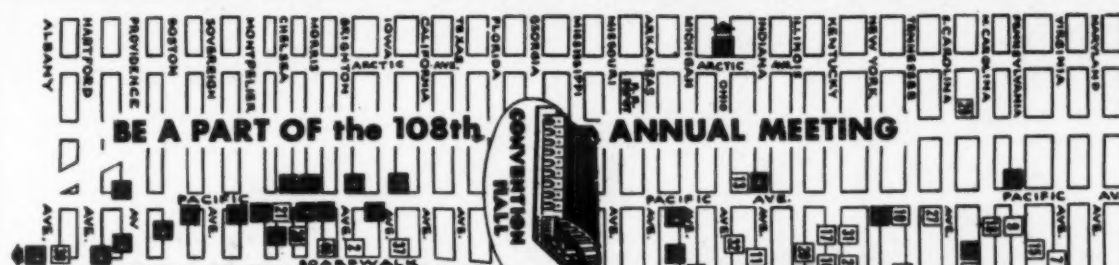
The course first was offered to researchers but employees from sales, financial control, maintenance, and personnel asked to be enrolled, too.



AMA News

"It's not exactly an emergency—but in case you make it home, go right to bed and stay there."

CLIP AND SEND FOR ADVANCE A.M.A. MEETING AND HOTEL REGISTRATION



HOTELS	SINGLE	DOUBLE
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2 AMBASSADOR	8.00-18.00	10.00-22.00
3 BREAKERS	5.00-11.00	7.00-18.00
4 CAROLINA CREST	6.00- 8.00	9.00-12.00
5-6 CHALFONTE-HADDON HALL	7.00-22.00	10.00-24.00
7 CLARENDON	5.00- 7.00	7.00- 9.00
8 CLARIDGE	9.00-18.00	13.00-22.00
9 COLTON MANOR	7.00-12.00	10.00-17.00
10 COLUMBUS		6.00- 8.00
11 CRILLON		8.00-12.00
12 DENNIS	7.00-18.00	10.00-23.00
13 EASTBOURNE	5.00- 8.00	7.00-11.00
14 FLANDERS	6.00- 7.00	8.00-12.00
15 HOLMURST	4.50	6.00- 8.00
16 JEFFERSON	6.00- 8.00	8.00-12.00
17 KENTUCKY	4.00- 5.00	7.00- 8.00
18 LAFAYETTE	5.00-10.00	8.00-14.00
19 LEXINGTON	5.00	6.00- 8.50
20 MADISON	6.00-12.00	8.00-14.00
21 MARK	5.00- 7.00	6.00-10.00
22 MARLBOROUGH-BLENHEIM	8.00-10.00	11.00-20.00
23 MAYFLOWER	6.00-11.00	8.00-16.00
24 MONTICELLO	4.00- 5.00	7.00
25 MORTON	6.00- 9.00	8.00-12.00
26 NEW BELMONT	4.00- 5.00	6.00-10.00
27 NEW DRAKE	6.00- 9.00	8.00-11.00
28 OLD ENGLISH	8.00	8.00-14.00
29 PENN-ATLANTIC	5.00- 6.00	8.00-10.00
30 PRESIDENT	7.00-12.00	10.00-20.00
31 RICHFIELD-BOSCOBEL	4.00- 6.00	6.00- 8.00
32 RUNNYMEDE	6.00- 7.00	8.00-12.00
33 ST. CHARLES	6.00-10.00	8.00-14.00
34 SEASIDE	7.00-11.00	8.00-18.00
35 SENATOR	5.00-10.00	8.00-14.00
36 SHELBURNE	7.00-14.00	10.00-22.00
37 SHERATON-RITZ CARLTON	6.00-18.00	8.00-22.00
38 STERLING	5.00- 7.00	8.00-10.00
39 TRAYMORE	Headquarters Hotel—No room accommodations	
40 CHELSEA		8.00-14.00

HOTELS	SINGLE	DOUBLE
1 ALGIERS	\$ 8.00-10.00	\$10.00-14.00
2 BARONET		8.00-14.00
3 CAROLINA CREST	8.00	10.00-14.00
4 CASTLE ROCK	10.00	12.00-14.00
5 CONTINENTAL	10.00	14.00
6 CORONET	8.00-14.00	10.00-20.00
7 DIPLOMAT	8.00-10.00	10.00-14.00
8 DUNES	10.00	12.00-14.00
9 EASTBOURNE	8.00	10.00-14.00
10 ELDORADO	8.00-14.00	10.00-16.00
11 EMPRESS	8.00-18.00	10.00-20.00
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14 LINCOLN AND ROOSEVELT BEACH	4.00-10.00	7.00-14.00
15 LOMBARDY	8.00-18.00	10.00-20.00
16 MARTINIQUE		8.00-14.00
17 MAYFLOWER	8.00-16.00	10.00-20.00
18 MONTE CARLO BEACH	5.00-15.00	10.00-20.00
19 MONTEREY	8.00-10.00	10.00-16.00
20 NAUTILUS	10.00	10.00-14.00
21 RIVER EDGE	6.00	8.00
22 SAHARA	7.00	10.00-14.00
23 ST. MORITZ	8.00-10.00	10.00-14.00
24 SAXONY	8.00-14.00	10.00-16.00
25 SEA ISLE	6.00- 8.00	8.00-12.00
26 SEASIDE	12.00	14.00-20.00
27 SEVILLE	4.00-12.00	8.00-16.00
28 STRAND OF ATLANTIC CITY	9.00-13.00	12.00-16.00
29 SUN 'N' SAND	10.00-12.00	12.00-14.00
30 TROPICANA	8.00-12.00	10.00-16.00

American Medical Association

Annual Meeting Housing Bureau
16 Central Pier
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NAME.....

ADDRESS..... CITY..... ZONE..... STATE.....

I am a Member of the..... State Medical Association or.....

Government service..... Signature.....

Important: Every physician must register in his own name.



That New Olds Feeling

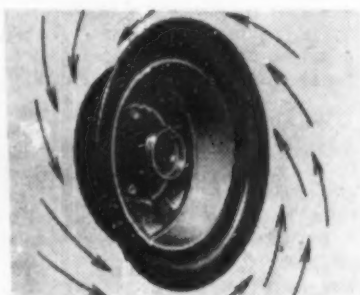
is a **Quality Feeling!**



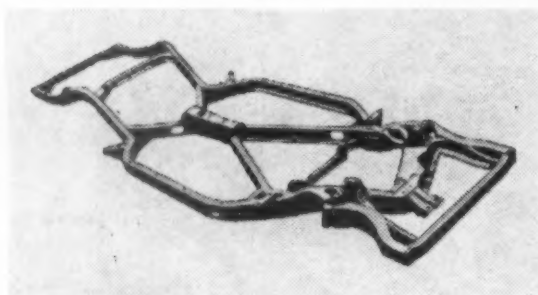
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No doubt about it! If you want something more than the ordinary in a new car, your Oldsmobile Dealer is the man to see. In the '59 Olds he's got the greatest new features of the year. Marvelous new Magic-Mirror Finishes, a superbly smooth "Glide" Ride, and a completely new Rocket Engine . . . so smooth and quiet, yet more powerful than ever. And best of all . . . *Quality* is standard equipment on every '59 Olds. Come in today. Take the wheel . . . get *That New Olds Feeling!*

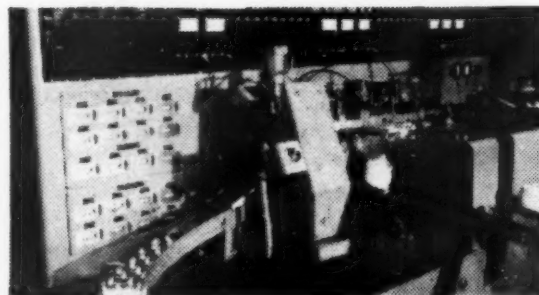
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